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PENNSYLVANIA GOVERNOR'S CONFERENCE ON HANDICAPPED INDIVIDUALS



DECEMBER 1, 2, 3, 1976

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HERSHEY CONVENTION CENTER
HERSHEY, PENNSYLVANIA

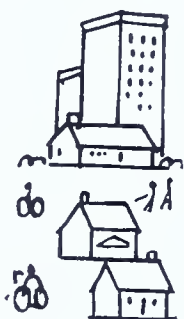


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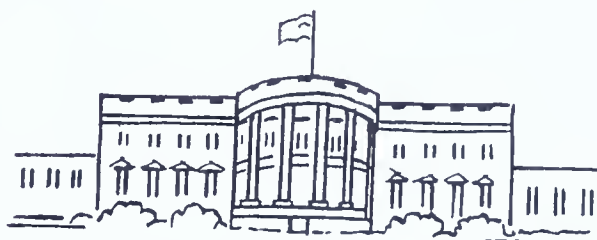
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PENNSYLVANIA

GOVERNOR'S
CONFERENCE
ON
HANDICAPPED
INDIVIDUALS



DECEMBER 1, 2, 3, 1976

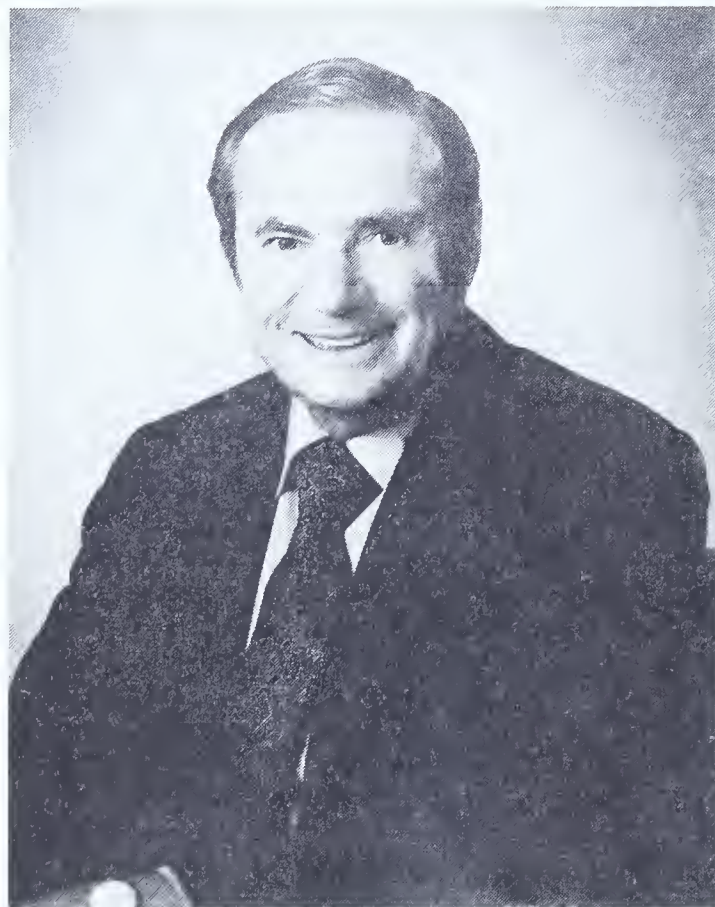


WHITE HOUSE CONFERENCE

MAY 25 - 29, 1977



PARKING



Milton J. Shapp

**Governor
Commonwealth of
Pennsylvania**

**December 1, 1976
6:30 P.M.**

I would like to welcome you to the Governor's Conference on Handicapped Individuals. It is with great humility that I join with you in the work of the Conference. Before you is a very important task that has needed to be addressed for many years, that of the problems and concerns of the handicapped. More important, though, are your solutions and suggestions which we might implement to enable us to bring about better services and a better life-style for the handicapped population of the Commonwealth of Pennsylvania.

I would like to express my sincere thanks to both the Co-Directors, Mr. and Mrs. Carl Odhner for the many hours of hard work that they have given to make this Conference a success. I would also like to express my appreciation to the many members of the Planning Committee who put their time and efforts into the planning of this Conference. I would like to commend the Planning Committee for the provisions it has made to follow through on the recommendations which will come from this Conference. This will be critically important if this Conference is to be the first step toward better services for all disabled persons. I will work with you to achieve this goal. I am proud to have on my staff John H. Snyder, my Advocate for the Physically Handicapped, who has worked, along with his staff, to carry out the plans of the Planning Committee and the Co-Directors.



Ernest P. Kline

**Lt. Governor
Commonwealth of
Pennsylvania**

**December 3, 1976
12:30 P.M.**

It is a privilege to be with you at this Governor's Conference on Handicapped Individuals. This Conference will be one of the most important and unique events ever undertaken to advance the opportunity for Pennsylvania's physically and mentally handicapped to live independently, productively and with dignity. It is not only important what you do here at the Conference but it is just as important what you do when you return to your communities.

This Conference should bring about new and better goals for the handicapped of our Commonwealth and the Nation. It is up to all of us to work together toward this end.

**GOVERNOR'S CONFERENCE ON
HANDICAPPED INDIVIDUALS STATE
PLANNING COMMITTEE**

Co-Directors

Carl F. Odhner
Rowena T. Odhner

Planning Committee

W. A. Black, Jr., Ph. D.
Harold Bleakley
George Brenyo
Joseph L. Cohen
Mae Davidow, Ph. D.
Jack Dinger, Ph. D.
Bonnie Gellman
Dorothea D. Glass, M.D.
Eleanora Gordon, M.D.
William E. Graffius
Grace T. Heaberg
Richard Herman, M.D.
Frank Nemshick
Peter P. Polloni
Arthur L. Segal
Sieglinde A. Shapiro
Michael Sinco, Ph. D.
Hope Thomson, M.S.W.
Ted Vollrath
Muriel U. Weeks
Leonard Weitzman
Earl B. Young, Ph. D.

Advisors

Francis X. Coyle, Dir.
Governor's Office for
Human Resources

David J. Farr, Lt. Col. (R)
Conference Exhibits

W. E. Graffius, Exec. Dir.
Pa. Easter Seal Society

John Hagan, Dir.
Pa. Bureau Vocational
Rehabilitation

George Severns, Advisor
Special Education
Dept. of Education

John H. Snyder
Governor's Advocate for the
Physically Handicapped

Coordinator

Joyce A. Engroff

Staff Assistant

Alma P. Kitchen



Commonwealth of Pennsylvania
GOVERNOR'S CONFERENCE FOR HANDICAPPED INDIVIDUALS
500 State Street Bldg.
N. W. Corner Third & State Streets
Harrisburg, Pa. 17101
(717) 783-8283

December 1, 1976



Dear Colleague:

Welcome to the Pennsylvania Governor's Conference on Handicapped Individuals.



This Conference, and the White House Conference on Handicapped Individuals scheduled to be held in May, 1977 are based upon the belief that those who know best the problems faced by the handicapped, that is, individuals with physical and mental handicaps, the parents of handicapped children, and those who work with the handicapped in a professional or voluntary role, can best advance those recommendations which will enable handicapped persons to live their lives independently, with dignity, and with full integration into community life.

We have an awesome responsibility!

It is appropriate that this Conference should be held now, as a culmination of Pennsylvania's celebration of America's Bicentennial Year. We are a people still in pursuit of the idea that all people, with or without manifest handicaps, shall have equal opportunity for self-fulfillment.

Let us begin now to plan for nothing less! Let us demand nothing more! Let us avail ourselves fully of the opportunity presented by this Pennsylvania Governor's Conference on Handicapped Individuals.

Sincerely,



Carl F. and Rowena T. Odhner
CO-DIRECTORS

WHAT IS THE WHITE HOUSE CONFERENCE ON HANDICAPPED INDIVIDUALS ?

Excerpts from a Statement by President Gerald R. Ford, November 22, 1975.

"In response to the many problems confronting handicapped Americans and in accordance with Public Law 93-516, I am calling a White House Conference on Handicapped Individuals.....It is appropriate that in the Bicentennial Year the Federal Government focus attention on the needs of our handicapped citizens. Action to alleviate these needs will be a major purpose of the Conference."

The mission of the White House Conference is to:

1. Stimulate a national assessment of problems faced by individuals with physical or mental handicaps.
2. Generate a national awareness of those problems.
3. Develop recommendations for legislative and administrative actions to allow individuals with handicaps to live their lives independently, with dignity, and with integration into community life.

WHEN WILL THE WHITE HOUSE CONFERENCE BE HELD?

The White House Conference on Handicapped Individuals will be held in Washington, D. C. May 25-29, 1977.

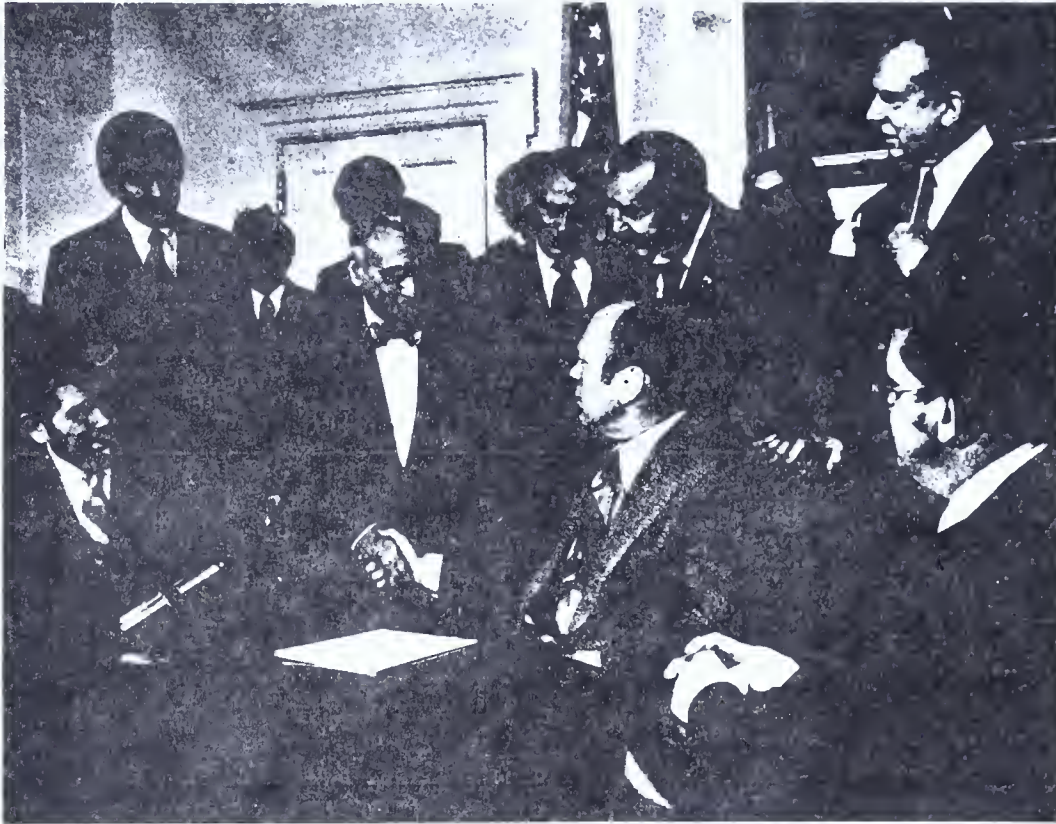
WHO WILL ATTEND FROM PENNSYLVANIA?



Pennsylvania has been allotted 16 delegates to this conference. Our state co-directors will be 2 of these delegates as set forth by White House Regulations.

To be eligible to be nominated as a delegate to the White House Conference, a person must first have been a delegate or served in an official capacity at the Governor's Conference. The same criteria will be used to balance the delegation to the White House Conference as is used for the Governor's Conference.

The White House Conference on Handicapped Individuals



President Announces White House Conference on Handicapped Individuals

President Gerald R. Ford shakes hands with Council Chairman Dr. Henry Viscardi, Jr., after announcing The White House Conference. Among onlookers are (left, in wheelchair) Dr. Andrew S. Adams, Commissioner, Rehabilitation Services Administration, (standing left to right) DHEW Secretary David Mathews, Harold Russell, Chairman of The President's Committee on Employment of the Handicapped, U.S. Senators Jennings Randolph (D., W. Va.) and Robert T. Stafford (R., Vt.), and (in wheelchair, right) Jack F. Smith, Executive Director of the Conference.

Statement by the President

In response to the many problems confronting handicapped Americans and in accordance with Public Law 93-516, I am calling a White House Conference on Handicapped Individuals to be held in December, 1976.

A major purpose of this conference is to generate a responsive national awareness of the problems facing the handicapped. Concern for the handicapped is not unique to the Federal Government. State and local officials and private citizens must also turn their attention to the needs of all mentally and physically handicapped.

The private sector can perform a creative role by contributing its talents and resources. It is appropriate that in the Bicentennial Year the Federal Government focus attention on the needs of our handicapped citizens. Action to alleviate these needs will be a major purpose of the Conference. Along with my colleagues in the Congress and State and

local governments, I look forward to receiving those recommendations.

There are more than seven million children and at least 28 million adults in America with physical or mental handicaps. Employment of the handicapped, and related personal and social problems, must be examined and creative solutions developed. I urge all Americans to support and to participate actively in this great human endeavor.

In accordance with the act, a 28-member National Planning and Advisory Council to the White House Conference on Handicapped Individuals has been appointed. This Council includes outstanding individuals with impressive backgrounds relating to problems arising from handicapping conditions. Among the Council members are educators, rehabilitation specialists, medical personnel, social workers, Government officials, families of handicapped individuals and consumers.

Dr. Henry Viscardi, Jr., of Kings Point, Long Island, has been appointed Chairman of the Council and will direct the White House Conference. Many members of the Council are handicapped individuals whose handicap has not precluded outstanding personal and professional achievement.

Jack F. Smith of Rochester, New York, has been named Executive Director of the White House Conference. Like Dr. Viscardi, he is handicapped and nationally known for his professional accomplishments.

Administrative responsibility for the Conference rests with the Department of Health, Education, and Welfare. I have requested that all Federal agencies cooperate fully with Secretary Mathews.

The White House Conference on Handicapped Individuals is a very worthwhile endeavor. Its results should contribute significantly to the health, education and welfare of handicapped individuals everywhere.

State Conferences: Vital Assessment

Increased attention to the problems and potentials of handicapped individuals will be possible through grants to assist states in conducting conferences in advance of the White House Conference.

Federal grants to states are based on the delivery of rehabilitation services to disabled citizens of each state, with minimum grants of \$10,000 and maximum grants of \$25,000.

As part of the application procedure, the National Planning and Advisory Council has determined both recommendations and requirements to insure that overall objectives of the White House Conference are met. One recommendation is that state conferences be directed and coordinated by a disabled person who has demonstrated leadership and has a broad knowledge of the problems related to all disabilities.

One of the requirements is that state conferences must be held in accessible sites. Topics provided by the White House Conference Council must be included in state conferences. It is anticipated that states will add to these topics to reflect their own specific concerns.

"Hopefully, states will provide not only input to problems facing the mentally and physically handicapped, but also provide what they feel are solutions to problems," said Jack F. Smith, Executive Director of the White House Conference.

Five Planning Chiefs will provide liaison to assist in training, provide information dissemination and insure state participation in the White House Conference itself.

Consumers Assured Input

To insure the input of handicapped individuals in solving problems that keep them from full participation in community life, the National Planning and Advisory Council will require that at least fifty percent of state delegates to the White House Conference must be disabled.

"It is the responsibility of the states and their citizens to assist in the development of recommendations and plans of action for solving the many problems facing individuals with physical and mental handicaps," stated the Advisory Council.

Emphasis will be placed on obtaining the broadest possible representation from the categories of delegates participating in the White House Conference. While states have the responsibility for selecting delegates to the National Conference, the Advisory Council is urging that delegates be selected on the basis of demonstrated interest and personal effectiveness. Diversity of population in terms of ethnicity, race, gender, economic status and age also should be reflected in delegate selection.

The Council is urging, in addition, that parents and friends of physically and mentally handicapped persons and professionals in the areas of rehabilitation, special education, health, science, business and industry, labor and state and local government be represented in the total number of delegates allocated to each state.

"We feel that persons demonstrating a wide interest in and knowledge of programs for the handicapped should be given preference over those with specialized or exclusive interest," members of the Advisory Council said. "We want national delegates who will effectively represent the views of consumers and have the capacity to undertake follow-up action to the White House Conference on Handicapped Individuals."

Handicapped Fill Variety of Roles

Handicapped individuals will play a major role in the directions taken by the White House Conference.

"I was delighted to learn that at least half of the National Conference will be handicapped individuals themselves," said President Ford in announcing the Conference. "Obviously, this makes very good sense. The problems of the handicapped are too often left to people without handicaps who might sometimes lack personal experience which gives great insight."

The insight of disabled persons will be sought in all aspects of the Conference. Ten members of the National Planning and Advisory Council are disabled. The Chairman of the Conference, Dr. Henry Viscardi, has two artificial legs.

Jack F. Smith, Executive Director of the White House Conference, has used a wheelchair since the age of ten when he was disabled by polio. Other members of the Planning Staff, many of whom are detailed from within government, also have handicaps.

"A major goal," stated Smith, "is to involve consumers as contributors to background documents, as consultants in all aspects of Conference planning and as leaders and delegates in both state and national conferences."

Dr. Henry Viscardi Appointed Chairman

Dr. Henry Viscardi, Jr., President and founder of Human Resources Center on Long Island, has been appointed Chairman of the National Planning and Advisory Council.

That Council, together with the Secretary of Health, Education, and Welfare, The Honorable David Mathews, have responsibility for the White House Conference.

Born virtually without legs, Dr. Viscardi walks with the use of artificial limbs. During the Second World War, he worked with veterans who were severely impaired due to war injuries. Upon the completion of the war, Dr. Viscardi was instrumental in founding Just One Break (J.O.B.) in New York City, a nonprofit organization which continues to find work for persons who are handicapped.

In 1952, Dr. Viscardi founded Abilities, Inc., a demonstration work facility for handicapped persons which was the basis for what is now Human Resources Center.

Dr. Viscardi is the author of eight books and the recipient of numerous honors for his work on behalf of disabled people. Among the most recent was the James E. Allen Memorial Award given by the Board of Regents of the State of New York.

"We trust that handicapped individuals will take advantage of the variety of ways we have of inputting to the Conference," Viscardi said. "This is an opportunity we, the handicapped, have to solve our own problems."

Talk It Up!

The White House Conference needs your support if it is to succeed. Legislators, mayors, county executives, educators, consumers—all need to know what's being planned. So do the media. Write, call, visit your local newspaper, radio station, television station. If there is someone in the media whom you feel should receive materials on the White House Conference, please let us know. Talk it up!!!

Advisory Council Named

In accordance with the act authorizing the White House Conference, a twenty-eight-member National Planning and Advisory Council has been established by the Secretary of HEW.

Eleven members of the Council are themselves handicapped. Six are parents of handicapped children. All have had extensive experience in some aspects of work on behalf of handicapped persons.

Each member of the Council, all of whom were chosen for their personal and professional involvement in the concern for the handicapped, has selected a task force on which to work. These task forces correspond to the major issues which will be addressed at both the local and national level.



Advisory Council Task Force on Special Concerns meets in work session following December Council Meeting

Members of the Council include:

Ms. Jacquelin Sallenger Allsup
Charter Member, National Rehabilitation Counseling Assn.
South Carolina

Ms. Jane Belau
Graduate Nurse
President, National Conference on Developmental Disabilities
Minnesota

Dr. Louis Bransford
Board of Governors, Council for Exceptional Children
California

Mr. Jesse Brown
Supervisory National Service Officer for Disabled American Veterans, Veterans Benefit Office
Washington, D.C.

Mr. John Christensen
Assistant to the Executive Vice President of Merchandising, Montgomery Ward (Retired),
Chairman of the Committee on Sheltered Employment and Training Facilities
Illinois

Dr. Charles L. Christian
Physician-in-Chief and Associate Director of Research for the Hospital for Special Surgery
New York

Mr. Salvatore D'Amico
President of the Blind Veterans Association,
Connecticut Regional Group

Ms. Sondra Diamond
Psychological Counselor for Retarded Young Adults at the Woods School, Langhorne,
Pennsylvania

Senator Robert Dole
United States Senator, Kansas

Joe Foss,
Former Governor of South Dakota
Director of Public Affairs, KLM
Royal Dutch Airlines
Arizona

Dr. Victor H. Galloway
Director, Developmental Education at the Model Secondary School for the Deaf
Washington, D.C.

Mr. Leonard Goldenson
Chairman of the Board,
American Broadcasting Company
New York

Ms. Phyllis Harper
Supervisor, Hearing Conservation/Educational Services, Area Education Agency XVI
Iowa

Dr. Harold W. Heller
President, Teacher Education Division of the National Council for Exceptional Children
Superintendent, Bryce Hospital
Tuscaloosa, Alabama

Dr. Paul R. Hoffman, Ed.D.
Chairman, Department of Rehabilitation and Manpower Services, University of Wisconsin-Stout

Mr. Morley Hudson
President, Hudson-Rush Company of Shreveport and Dallas
Member of the President's Committee on Mental Retardation
Louisiana

Senator Margaret R. Manning
State Senator, Delaware

Mr. Albert T. Pimentel
Director, Public Service Programs,
Gallaudet College
Washington, D.C.

Mr. Burt L. Risley
Executive Director, Texas Commission for the Blind

Ms. Barbara Sachs
Clinical Psychologist in the Mental Health Programs for the Deaf, National Institute of Mental Health
Virginia

Mr. Max Schneier
Chairman, Federation of Parents Organization for the New York State Mental Institutions, Inc.

Ms. Jayne Shover
Executive Director, National Easter Seal Society for Crippled Children and Adults
Illinois

Ms. Beverly Sills
Coloratura Soprano, Parent of handicapped children
New York City Opera

Ms. Dianne B. Smith
Counselor, Gallaudet College
Washington, D.C.

Dr. Ronald St. Pierre
Chairman, Anatomy Department at Ohio State University's School of Medicine

Dr. Donald W. Trubey
Chairman, Department of Communication Disorders at Eastern New Mexico University

We'd Like to Hear From You

For Information and Involvement Issues

The Planning Chiefs (See Right)

Arrangements for the Conference

James Gelatt, Dir. of Pub. Affairs
(202) 382-3725

Involvement of Organizations

Jack F. Smith, Exec. Director
(202) 382-3275

Regional Planning Meetings

John Pride
Deputy Director
(202) 382-3285

Address all correspondence to:

White House Conference on
Handicapped Individuals
1832 M Street, N.W.
Suite 801
Washington, D.C. 20036

FEBRUARY 1976

Conference Topics Set

Five major areas of concern have been identified in the legislation which authorized the White House Conference. These are being delineated by Conference planning chiefs in cooperation with task forces comprised of Planning and Advisory Council members. Each of these topics will be addressed at both the state and national conferences, and will relate to both physical and mental handicaps.

The Conference Topics Are:

Health Concerns

1. The Impact of Research and Applied Technology in Benefiting the Handicapped.
2. Diagnosis, Treatment, and Prevention of Handicapping Conditions.

Planning Chief

Dan Mills (202) 382-3701

Special Concerns

1. Concerns of Individuals with Severe or Multiple Handicaps.
2. Civil Rights of the Handicapped.
3. Adequate Residential and Community Based Programs for the Handicapped.
4. Service Delivery Systems.

Planning Chief

Rosemarie Brooks (202) 382-3701

Educational Concerns

1. Full Educational Opportunities for the Handicapped.

Planning Chief

Paul Ackerman (202) 382-7071

Social Concerns

1. Psychological Adjustment of Handicapped Individuals and Their Families.
2. Attitudes of the General Public to Problems of the Handicapped.
3. The Elimination of Environmental Barriers such as Architectural, Transportation and Communications.
4. Recreational and Cultural Development of the Handicapped.

Planning Specialist

Sherri Ash (202) 382-7064

Economic Concerns

1. Employment of the Handicapped.
2. Economic Impact on the Handicapped.

Planning Chief

George Conn (202) 382-7005

The White House Conference on Handicapped Individuals

1832 M Street, N.W./Suite 801
Washington, D.C. 20036

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the national newsletter

The White House Conference on Handicapped Individuals

Summer 1976

★ State ★ White House ★ ★ Conferences ★

New Jersey was the first to hold a State White House Conference and the format reflected the individuality that characterizes State activities. New Jersey's conference, began June 26, and was convened at North Branch. It was the first of six regional conferences held across the State.

"We have, in establishing the White House Conference, provided flexibility for States to conduct conferences in ways that will meet State needs," said Jack F. Smith, Executive Director. "Some States will hold several regional meetings leading to a State Conference, while others will hold just one meeting. New Jersey, on the other hand, has a completely different approach. In the final analysis it is the results that count."

The White House Conference on Handicapped Individuals is relying on the deliberations of all the State Confer-

ences to provide the format for the National Conference. The information contained in each State report will be studied and used to set priorities.

Consumer action is the major thrust of the White House Conference on Handicapped Individuals. The State Conferences will provide consumers with their first opportunity to voice their needs and problems in order to evolve a national assessment leading toward solution-making action. The agenda of the State Conferences is to specifically allow for listening to the consumer.

Continued on page 3



Congressmen Albert H. Quie (R-Minn.) and John Brademas (D-Ind.) meet with Jack F. Smith, Executive Director, White House Conference on Handicapped

Individuals, to discuss extension of the date of the Conference. Subsequently date was extended.

Mission Statement

The mission of the White House Conference on Handicapped Individuals is comprised of three goals:

- To provide a national assessment of problems and potentials of individuals with mental or physical handicaps;
- To generate a national awareness of these problems and potentials;
- To make recommendations to the President and Congress which, if implemented, will enable individuals with handicaps to live their lives independently, with dignity, and with full participation in community life to the greatest degree possible.

The White House Conference on Handicapped Individuals thanks the President's Committee on Employment of the Handicapped for underwriting this newsletter.

State White House Conferences

Continued from page 1

"The inclusion of organizations and professionals working with and for the handicapped along with legislators, representatives of business, industry and labor are also critical to conference deliberation and implementation following all State Conferences," Smith added. State Conferences will be conducted in every State and Territory commencing in July, and ending December 15, 1976.

The work of the State Conferences is to address issues and develop recommendations regarding 25 topical areas relating to handicapped individuals.

The national office will provide State Directors with the summaries of the Awareness Papers and Workbooks for the State delegates to assist in State Conference discussions.

Delegate Selection

The voice of this Nation's disabled, parents, and professionals will be clearly reflected in the final report from the White House Conference on Handicapped Individuals to the President and Congress.

Delegates to the White House Conference, scheduled May 25-29, 1977, in Washington, D.C., will be representative of those individuals who have participated in State Conferences which precede the National Conference.

Guidelines for both delegate selection and numbers have been sent to governors of every State and Territory and State White House Conference Directors, who

were appointed by governors. Forty-six are handicapped.

The guidelines call for 50 percent of the 672 State delegates to be disabled, 25 percent to be parents or guardians of handicapped individuals, with the remaining 25 percent including service providers, professionals, and representatives from State government.

The National Planning and Advisory Council of the Conference feels the percentages not only give the handicapped themselves a voice in their own destiny, but also provide meaningful input on behalf of those mentally and physically handicapped individuals who cannot represent themselves.

The concerns of both the mentally and physically handicapped are an integral part of all aspects of the Conference.

Guidelines call for delegates to be either elected at State Conferences or named by a panel that would include State Directors, representatives of organizations, and handicapped individuals.

"The White House Conference will reflect State Conferences' findings and their representatives," pointed out Jack F. Smith, Executive Director. "Just as the White House Conference is taking into consideration such factors as urban, rural, economic, racial, ethnic, and types of handicapping conditions, we hope States will do the same in sending delegates to the National Conference."

Travel expenses and food and lodging costs will be provided by the White House Conference for all State delegates.

Smith also stresses that the total size of the National Conference will be close to 2,500 delegates and observers.

Each State and Territory will be entitled to select an equal number of alternates as delegates. Alternates may attend the Conference as observers or as a voting delegate if an official delegate is unable to attend. Expenses for alternates are the responsibility of the individual or State.

Numbers of delegates have been allotted in relative proportion to a formula used to give grants to every State and Territory. The formula is based on each State's population and per capita income as it compares with national population and per capita income.

The 672 State delegates have been allocated as follows: 23 States—8 delegates; 10 States—12 delegates; and 23 States—16 delegates.

In addition, invited as observers to the White House Conference will be representatives of national provider organizations, members of Congress or their appointees, representatives of business and industry, and international guests.



Attending Regional Planning Meeting in Denver, Colorado, on March 4-5, 1976, standing—Ingo Antonitsch, Co-Director, Colorado; and Lyle Peterson, Transportation Specialist, Commission on the Disabled. Seated is Tedde Scharf, Co-Director, Colorado.

Building Awareness

A major task of the White House Conference staff has been to develop a systematic method of supporting States as they begin the process of making a national assessment of the problems affecting all mentally and physically handicapped individuals.

Based on the White House Conference legislation, Public Law 93-516, Conference subjects were designated under five areas: (1) Economic Concerns; (2) Educational Concerns; (3) Health Concerns; (4) Social Concerns; and (5) Special Concerns.

Each concern area was further divided into topics for discussion. For example, under Special Concerns the following topics were assigned: (a) Problems of the Severe and Multiple Handicapped; (b) Community and Residential Based Programs; (c) Civil Rights for Disabled Individuals; (d) Service Delivery Systems; and (e) Unique Problems of Veterans, Aged and Other Minorities.

Summaries of background papers on these topics, called "Awareness Papers," and issues reflecting the content of the papers, constitute a Workbook for State Delegates.

The Workbooks are being used by State Delegates as the main resource and focus for State Conference discussion. States will address issues and forward results to the White House Conference for inclusion at the National Conference.

The Conference recruited author/editors, including consumers, with topical expertise. The authors and topics are:

Economic Concerns

Employment

R. T. Sale—WHCHI

Economic Impact

Dr. Monroe Berkowitz—Rutgers University

Educational Concerns

Full Educational Opportunities for the Handicapped

Dr. June Jordan—Council for Exceptional Children

Health Concerns

Prevention

Dr. Winfred Malone—National Cancer Institute

Diagnosis

Dr. Mark Ozer—George Washington University

Research

Dr. Jean Weston—George Washington University

Applied Technology

Dr. William Ayers—Georgetown University

Treatment

Dr. Frank Menolascino—Nebraska Psychiatric Institute

Dr. Chester Swinyard—Children's Hospital at Stanford

Social Concerns

Psychological Adjustment

Dr. Joan Bardach—New York University Medical Center

Attitudes

Dr. Harold Yunker—Hofstra University

Architectural Barriers

Dr. Timothy Nugent—University of Illinois

Transportation Barriers

Helen F. Goodkin—Helen Goodkin and Associates, Chicago

Communication Barriers

Dr. Patricia Scherer—Northwestern University

Recreation

Mr. David Park—George Washington University

Cultural

Ms. Virginia Cassiano—National Center for Urban Ethnic Affairs

Special Concerns

Problems of Severe and Multiple Handicapped

Dr. Frederick Fay—Research Rehabilitation Institute

Civil Rights for the Handicapped

Louis Rigdon—WHCHI

Community and Residential Based Programs

Mr. Lex Frieden—Texas Institute for Rehabilitation and Research

Service Delivery Systems

Dr. Donald Stedman—University of North Carolina

Unique Problems of Handicapped

Minorities

Mr. Ron Wakabayashi—Asian Rehabilitative Services

Dr. George E. Ayers—Metropolitan State College

Dr. Joseph L. Stewart—Indian Health Center

Dr. Orlando Rivera—University of Utah

Linda Quintana Saylor—University of Utah

Dr. Edward Hawthorne—Howard University

Disabled Veterans

James A. Maye—Paralyzed Veterans of America

Aging

Dolores A. Davis—National Center on the Black Aged, Inc.

Obidima I. Onyemelukwe—National Center on the Black Aged, Inc.

"The Awareness Papers increase the knowledge of all delegates nationwide, which will be a key factor in the recommendations coming from each State," said Dr. Henry Viscardi, Jr., chairman of the National Planning and Advisory Council. "We know the Awareness Papers will provide major support to States as they develop concrete proposals for changing policy and initiatives at all levels of government and the private sector to provide greater opportunities to all disabled people of the United States."

State Conference Directors

Alabama

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Alaska

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Mrs. Carol E. Cato (Co-Director)
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1801 Rebsamen Park Road
Little Rock, Arkansas 72202
(501) 371-2281

California

Mr. John J. Hessler, Director
California Conference on Handicapped
Individuals
c/o Dept. of Rehabilitation
722 Capitol Mall, Room 4100
Sacramento, California 95814
(916) 445-1710

Colorado

Mr. Ingo Antonitsch (Co-Director).
Governor's Committee on the White
House Conference
619 South Broadway
Denver, Colorado 80209
(303) 297-3058

Mrs. Tedde Scharf (Co-Director)
Resources for Disabled Students
University of Northern Colorado
Greeley, Colorado 80639
(303) 351-2880

Connecticut

Mr. Joseph A. DePhillips
White House Conference on Handicapped
Individuals
State Labor Department
200 Folly Brook Boulevard
Wethersfield, Connecticut 06109
(203) 566-7740

District of Columbia

Melvin L. Joyner
Rehabilitation Counselor
D.C. Department of Human Resources
122 "C" Street, N.W., Room 332
Washington, D.C. 20001
(202) 629-5608

Delaware

Miss Elizabeth Schantz
344 North Dillwyn Road
Newark, Delaware 19711
(302) 658-8050 Ext. 206

Florida

Mr. David Batelaan
THROUGH: Tamara Bibb
Executive Secretary
Governor's Committee on Employment
of the Handicapped
210 Caldwell Building
Tallahassee, Florida 32304
(305) 391-0500 Ext. 5732

Georgia

Mr. David Webb
Corporate Counsel
P.O. Box 4418
Atlanta, Georgia 30302
(404) 588-8613

Guam

Ms. Leonisa Untalan
Guam Conference on Handicapped
Individuals
c/o Dept. of Vocational Rehabilitation
P.O. Box 10-C
Agana, Guam 96910

Hawaii

Ms. Sally Price, Director
Hawaii Conference on Handicapped
Individuals
c/o The Rehabilitation Hospital of the
Pacific
226 North Kuakini Street
Honolulu, Hawaii 96817
(808) 531-3511

Idaho

Mr. Bartlett R. Brown, Director
Idaho Conference on Handicapped
Individuals
c/o Director, Idaho Department of
Labor and Industrial Services
317 Main Street, Room 400
Boise, Idaho 83702
(208) 384-2327

Illinois

Dr. Silas Singh
Executive Director
Governor's Committee on Employment
of the Handicapped
623 East Monroe
Springfield, Illinois 62701
(217) 782-0356

Indiana

Mr. James R. Alley
Commission for the Handicapped
1330 West Michigan Street
Indianapolis, Indiana 46206
(317) 633-5680 or 633-4111

Iowa

Mr. Don Westergard
Governor's Committee on Employment
of the Handicapped
Office of the Governor
Grimes Building
Des Moines, Iowa 50319
(515) 281-5969

Kansas

Mr. Joseph Greve
Employment Security Division
126 South State Office Building
Topeka, Kansas 66612
(913) 296-5283

Kentucky

Ms. Mary Louise Sandman
Department of Human Resources
600 West Cedar Street
Louisville, Kentucky 40203
(502) 588-4167

Louisiana

Mr. Arthur Dixon
Louisiana Dept. of Education (DVR)
Post Office Box 44371
Baton Rouge, Louisiana 70804
(504) 389-6627

Maine

Mr. Robert C. Hawkes
Bangor Regional Speech Center
103 Texas Avenue
Bangor, Maine 04401
(207) 947-8813

Maryland

Mr. William T. Snyder, Jr.
879 Park Avenue
Baltimore, Maryland 21201
(301) 752-4230

Massachusetts

David P. Hayes (Director)
Massachusetts Rehabilitation
Commission
296 Boylston Street
Boston, Massachusetts 02116
(617) 727-2172

Ms. Betsey Rogers (Interim Director)
Governor's Office
Room 383
State House
Boston, Massachusetts 02133
(617) 727-7185

Michigan

Mr. Richard C. Smith
Michigan Director
Department of Labor
Secondary Complex
7150 Harris Drive
Lansing, Michigan 48926
(517) 373-9603

Minnesota

Ms. Pam Ott
Minnesota Council for the Handicapped
Metro Square Building
7th and Roberts Streets, Suite 208
St. Paul, Minnesota 55101
(612) 222-7020

Mississippi

Mr. James Breedlove
32 South Main Street
Sardi's, Mississippi 38666
(601) 487-2555

Missouri

Mr. Harold Kuehle
County (Tax) Collector
Post Office Box 68
Cape Girardeau, Missouri 63701
(314) 243-4476

Montana

Mr. Jack Carver
Department of Social and Rehabilitation
Services
State of Montana
Helena, Montana 59601
(406) 449-3858

Nebraska

Mr. Larry Nedrow
Division of Social Services
Department of Public Welfare
1526 K Street, 4th Floor
Lincoln, Nebraska 68508
(402) 471-2983

Nevada

Mr. Rick Kuhlmeier (Co-Director)
Nevada Conference on Handicapped
Individuals
3104 Demetrius
Las Vegas, Nevada 89101
(702) 642-5856

Mr. Wilson Makabe (Co-Director)
Nevada Conference on Handicapped
Individuals
4185 Hackamore Drive
Reno, Nevada 89509
(702) 747-1302

New Hampshire

Mr. Raymond K. Conley
Post Office Box 102
Center Sandwich, New Hampshire 03227
(603) 284-6889

New Jersey

Mrs. Evelyn Aronaw Dolan
Governor's Committee on Employment
of the Handicapped
Labor and Industry Building, Room 1005
Trenton, New Jersey 08625
(609) 292-0056

New Mexico

Dr. Guy Exon
Space 168
8901 West Frontage Road, N.E.
Albuquerque, New Mexico 87113
(505) 843-6638 or 265-2277

New York

Mr. Louis Grumet
162 Washington Avenue
Albany, New York 12231
(518) 474-5063

North Carolina

Dr. Robert M. Urie
Route 5, Box 33
Lawrenburg, North Carolina 28352
(919) 276-3652 Ext. 206

North Dakota

Mrs. Georgene Emard
Governor's Council on Human Resources
State Capitol Building, 13th Floor
Bismarck, North Dakota 58505
(701) 775-4910

Ohio

Mr. Daniel L. Calnan
968 Afton Road
Columbus, Ohio 43221
(614) 466-8690

Oklahoma

Dr. Kieffer Davis (Co-Director)
Phillips Petroleum Company
Adams Building
Bartlesville, Oklahoma 74004
(918) 661-3865

Mr. Don A. Davis (Co-Director)
301 Will Rogers Building
Oklahoma City, Oklahoma 73105
(405) 521-3756 or 521-3758

Oregon

Mr. Arthur B. Tassie, Director
Oregon Governor's Conference on
Handicapped Individuals
c/o Regional Coordinator, Dept. of
Human Resources
501 Greenwood Avenue, Suite E
Bend, Oregon 97701
(503) 389-5440

Pennsylvania

Mr. and Mrs. Carl Odhner (Co-Directors)
Good Shepherd Rehabilitation Workshop
820 South 5th Street
Allentown, Pennsylvania 18103
(215) 433-3273 Ext. 73

Puerto Rico

Emilio A. Montanez, Esq.
P.O. Box 6645
Loiza St. Station
Santurce, Puerto Rico 00914
(809) 723-0061

Rhode Island

Mr. Harvey Millman
17 Exchange Street, Suite 416
Providence, Rhode Island 02903
(401) 272-7026

South Carolina

Dr. Charles S. Chandler
Post Office Box 4945
Columbia, South Carolina 29240
(803) 758-3664

South Dakota

Mr. Darrell Jepson
Route 3
Sioux Falls, South Dakota 57101
(605) 332-1333

Tennessee

Mr. Dale Wiley
660 Capitol Hill Building
301 7th Avenue, North
Nashville, Tennessee 37219
(615) 741-1676

Texas

Mr. Sam Millsap
5930 Winding Ridge
San Antonio, Texas 78239
(512) 656-0161

Trust Territory

Mrs. Agnes McPhetres
Trust Territory Conference on
Handicapped Individuals
c/o Chief, Elementary & Secondary
Education
Department of Education
Office of the High Commissioner
Trust Territory of the Pacific Islands
Saipan, Mariana Islands 96950

Utah

Mr. Kenneth Rigtrup
Administrative Law Judge
Utah State Industrial Division
350 East 5th South
Salt Lake City, Utah 84111
(801) 533-6419

Vermont

Dr. Edwin C. Schneider
Office of Architectural Barrier Control
Agriculture Engineering Building
University of Vermont
Burlington, Vermont 05401
(802) 656-2000

Virginia

Mr. Altamont Dickerson, Jr.
Commissioner, Dept. of Vocational
Rehabilitation
Commonwealth of Virginia
P.O. Box 11045
Richmond, Virginia 23230
(804) 786-2091

Virgin Islands

Mr. Verna Pemberton (Co-Director)
Smith Bay III
St. Thomas, Virgin Islands 00820

Dr. Olaf Hendricks (Co-Director)
Box 1109 Christiansted
St. Croix U.S.
Virgin Islands 00820

Washington

Ms. Lois Meyer
Washington State White House
Conference on Handicapped Individuals
c/o Governor's Committee on
Employment of the Handicapped
212 Maple Park
Olympia, Washington 98504
(206) 753-1579

West Virginia

Mr. George K. Eubanks
1107 4th Street
New Martinsville, West Virginia 26155
(304) 455-3030

Wisconsin

Mr. Charles Caniff, State Director
Park Regent Medical Building
Fourth Floor
1 South Park Street
Madison, Wisconsin 53715
(608) 266-3655

Wyoming

The Honorable James D. VanVelzor
State Representative
611 East 16th Street
Cheyenne, Wyoming 82001
(307) 632-0534

The White House Conference
on Handicapped Individuals
1832 M Street, N.W./Suite 801
Washington, D.C. 20036

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PENNSYLVANIA GOVERNOR'S CONFERENCE ON HANDICAPPED INDIVIDUALS



PARKING



HERSHEY, PA.

RAMPS



Parking

HANDICAPPED PARKING -
FOLLOW THE SHADED ROUTE
AND SIGNS TO DESIGNATED
PARKING AREA.

WHAT IS THE GOVERNOR'S CONFERENCE ON HANDICAPPED INDIVIDUALS ?

"The Governor's Conference on Handicapped Individuals will give to the handicapped citizens of Pennsylvania the opportunity to resolve the problems they know best, because they live with them."



— Governor Milton J. Shapp

WHERE IS THE GOVERNOR'S CONFERENCE TO BE HELD?

GOVERNOR'S CONFERENCE ON
HANDICAPPED INDIVIDUALS

HERSHEY CONVENTION CENTER
HERSHEY, PENNSYLVANIA

DECEMBER 1, 2, 3, 1976

ATTENDED?

WHO ~~MAY ATTEND?~~

For a person to become one of the 300 delegates to this conference, it would be necessary for him/her to have first been in attendance at one of the Regional Forums. Every person attending the Regional Forums will have an opportunity to nominate, or to be nominated, as a delegate to the conference at Hershey. Special packets of information and instructions will be available at each of the Forums. The 300 delegates will be comprised of the following:

- 50% will be handicapped consumers
- 25% will be parent/guardians of handicapped consumers
- 25% will be others interested in the handicapped such as, professionals, agencies, providers of services.

The delegates at this Governor's Conference will be charged with the responsibility to study the issues and concerns raised at the Regional Forums and to determine workable solutions for these needs at the state level.

The report of the results of the Governor's Conference will be sent to the White House Conference on Handicapped Individuals. The delegates to that conference will assist in determining the needs and concerns, common to all Americans, which can best be met at the national level.



THE GRAND STAND

GOVERNOR'S COMMITTEE
FOR THE PHYSICALLY HANDICAPPED

PENNSYLVANIA GOVERNOR'S CONFERENCE ON HANDICAPPED INDIVIDUALS

Public Law 93-516 authorized the Secretary of HEW to make a grant to each State in order to assist the State's participation in the White House Conference program, including the conduct of a State Conference.

State Conferences should assist the White House Conference on Handicapped Individuals in its mission:

- to provide a national assessment of problems faced by individuals with mental or physical handicaps
- to generate a national awareness of those problems
- to make recommendations to the President and Congress which, if implemented, will assure that all individuals with handicaps are able to live their lives independently, with dignity, and with complete integration into community life.

Pennsylvania's Regional meetings will address problems and concerns and our state wide conference will address the solutions and the means of implementation of solutions to those problems and concerns.

Five major areas of concern have been identified in the legislation which authorized the White House Conference. These are being delineated by Conference planning chiefs in cooperation with task forces comprised of Planning and Advisory Council members. Each of these topics will be addressed at both the state and national conferences, and will relate to both physical and mental handicaps.



Mr. & Mrs. Carl Odhner, Co-Directors of the Planning Committee of the Governor's Conference for Handicapped Individuals. Standing with them is John H. Snyder, Governor's Advocate for the Physically Handicapped.

Health Concerns

1. The impact of Research and Applied Technology in benefiting the handicapped.
2. Diagnosis, Treatment, and Prevention of handicapping conditions.

Special Concerns

1. Concerns of individuals with severe or multiple handicaps.
2. Civil Rights of the handicapped.
3. Adequate residential and community based programs for the handicapped.
4. Service delivery systems.

Education Concerns

1. Full educational opportunities for the handicapped.

Social Concerns

1. Psychological adjustment of handicapped individuals and their families.
2. Attitudes of the general public to problems of the handicapped.
3. The elimination of environmental barriers such as architectural, transportation and communications.
4. Recreational and cultural development of the handicapped.

Economic Concerns

1. Employment of the handicapped.
2. Economic impact on the handicapped.

**MEMBERS OF THE PLANNING
COMMITTEE FOR THE GOVERNOR'S
CONFERENCE ON HANDICAPPED
INDIVIDUALS ARE:**

Mr. & Mrs. Carl Odhner/Chairpersons
Vocation Rehab.
Good Shepherd Rehab. Workshop
820 South 5th Street
Allentown, Pa.
(215) 433-3273

Dr. William A. Black, Jr.
Chairman Spinal Cord Injury Committee
State Advisory Council for Comprehensive
Health Planning
Northeast Neurological Assn. Inc.
Suite 430, Scranton Life Bldg.
Scranton, Pa. 18503
(717) 961-2469

Mr. Harold Bleakley
President
Center for the Blind
36th St. & Lancaster Ave.
Phila., Pa. 19104
(215) 386-2333

Mr. George Brenyo
Community Svcs. Committee
USWA District # 15, AFL-CIO
1016 Washington Blvd.
Glassport, Pa. 15045
(412) 233-5040 Ext. 2460

Mr. Joseph Cohen
Town House Apt. 1515
660 Boas Street
Harrisburg, Pa.
(717) 787-3483

Dr. Mae Davidow
Pa. Federation of Blind
6217 Lebanon Avenue
Phila., Pa. 19151
(215) 879-0670

Dr. Jack Dinger
Prof. & Chairman of Spec. Ed.
Slippery Rock State College
Slippery Rock, Pa. 16057
(412) 794-7308

Ms. Bonnie Gellman
Mayor's Office for Handicapped
Rm 428 City Hall Annex
Phila., Pa. 19107
(215) MU6-7120

Dr. Dorthea Glass
Medical Director
Moss Rehab.
12th & Tabor Road
Phila., Pa. 19141
(215) 329-5715 Ext. 335

Dr. Eleanora Gordon
263 Kent Road
Wynnewood, Pa. 19096
(215) 642-0999

Mr. William Graffius
Director
Pa. Easter Seal Society
Fulling Mill Road
Middletown, Pa.
(717) 939-7801

Mrs. Grace T. Heaber
455 Timber Lane
Devon, Pa. 19333
(215) 687-6745

Mr. Arthur L. Segal, Mgr.
Segal Snack Bar
S.E. Lobby
City Hall
Philadelphia, Pa. 19107
(215) 854-9816

Mrs. Sieglinde Shapiro
Disabled In Action
1319 McKinley Street
Phila., Pa. 19111
(215) 743-6746

Dr. Michael Sinco
School Psychologist
200 Adams Avenue
I.U. # 19
Scranton, Pa. 18503
(717) 344-9558

Miss Hope Thomson
Director, Social Work
Temple Univ. Hosp.
3401 N. Broad Street
Phila., Pa. 19064
(215) 221-2000

Mr. Ted Vollrath, President
Martial Arts for the Hcpd.
134 Brighton Street
Enhaut, Pa. 17113
(717) 939-7693

Mr. Leonard Weitzman, Director
Vocational Rehab. Ctr. of Allegheny
County
1323 Forbes Avenue
Pittsburgh, Pa. 15219
(412) 471-2600

Dr. Earl B. Young
Asso. Prof. in Programs for Special
Education
University of Pittsburgh
4616 Henry Street
Pittsburgh, Pa. 15260
(412) 624-5461

Peter P. Palloni
Mrs. Muriel Weeks
Frank Nemchick

GOVERNOR'S CONFERENCE ON HANDICAPPED INDIVIDUALS TO BE DECEMBER 1 THRU 3, 1976

Preparatory to the White House Conference on Handicapped Individuals the Commonwealth of Pennsylvania intends to convene a Governor's Conference on Handicapped Individuals. The Governor's Conference will be held December 1 through 3, 1976 at Hershey Convention Center, Hershey, Pennsylvania. This site has been selected because it is in the central part of the State, is close to the Capitol and all modes of transportation and is basically barrier free.

Seven regional meetings or forums will be conducted in various parts of the State in facilities accessible to the handicapped. These will be held in September 1976, approximately 45 days in advance of the Governor's Conference. The purpose of the Regional Forums is not only to identify the major concerns and problems of handicapped persons but also to obtain broad based participation and a larger perspective on the varying needs in urban and rural areas.

The end result of the Governor's Conference will be not only identification of problems but also proposals for action to remedy those problems at both the State and National level.

STAFF SELECTED FOR GOVERNOR'S CONFERENCE ON HANDICAPPED INDIVIDUALS

The Administrative Task Force of the Governor's Conference on Handicapped Individuals has selected a Coordinator and an Administrative Assistant.

Mrs. Joyce A. Engroff has been selected as Coordinator. Mrs. Engroff is a resident of Lancaster, Pennsylvania and was previously employed by the Lancaster County Branch of the Pennsylvania Association For the Blind in Lancaster.

Mrs. Alma Kitchen has been selected as Administrative Assistant. Mrs. Kitchen is a resident of Elizabethtown and a parent of a handicapped daughter.

The staff will be working in the Governor's Office for Human Resources, 500 State Street Building, Harrisburg, Pennsylvania 17101. Telephone (717) 783-8283.

PLANNING COMMITTEE FOR GOVERNOR'S CONFERENCE ON HANDICAPPED INDIVIDUALS MEETS

The Planning Committee for the Governor's Conference on Handicapped Individuals met Monday, April 12, 1976 at the Pa. Easter Seal Society - Middletown.

Mr. and Mrs. Carl F. Odhner, Co-Directors of the Conference and Co-Chairmen of the Planning Committee conducted the meeting.

A letter to be sent to all organizations working with or interested in the handicapped was drafted by the Organizational Involvement Task Force, co-chaired by Ms. Bonnie Gellman, Mayor's Office for Handicapped, Philadelphia, Pa. and Dr. Mae Davidow, Pennsylvania Federation of the Blind, Philadelphia, Pa. A portion of this letter is as follows:

"It is absolutely imperative that we join forces for a united approach on concerns shared by us all. There is strength both in resources and in voting power through a coalition of groups concerned with the needs of handicapped citizens. Massive numbers of individuals joining together in a conference setting will be a dramatic way of demonstrating support as we present a Statement of Shared Concerns."

Other Task Forces involved in the planning are as follows: Delegate Selection; Chrm., William E. Graffius, Pa. Easter Seal Society, Middletown; Governor's Conference; Chrm., Dr. Jack Dinger, Chrm. of Special Education, Slippery Rock State College; Regional Forums; Chrm., Ms. Bonnie Gellman; Post Conference; Chrm., Dr. Eleanora Gordon, Pediatrician, Wynnwood; Report Development; Chrm., Mary Bauman, Nevil Inter-Agency Referral Service, Philadelphia; Administrative Task Force; Chrm., Dr. Michael Sinco, School Psychologist, Scranton; Public Awareness; Chrm., Ted Vollrath, Martial Arts for the Handicapped, Enhaut; Legislative Involvement; Chrm., Dr. Richard Herman, Chrm., Rehabilitation Medicine, Temple University.

The next meeting of the Planning Committee will be June 9, 1976.



GOVERNOR'S CONFERENCE ON HANDICAPPED INDIVIDUALS BEGINS PLANNING REGIONAL FORUMS

The first orientation meeting for Planning Committees for Regional Forums in the western regions of Pennsylvania was held at Indiana University of Pennsylvania on May 11, 1976.

Region 5 consists of the counties of Allegheny, Armstrong, Beaver, Butler, Fayette, Greene, Indiana, Lawrence, Washington and Westmoreland. Mr. Dan Torisky, 738 Greenleaf Drive, Monroeville, PA 15146, parent of a handicapped son, will serve as temporary chairman of Region 5.

Region 6 consists of the counties of Cameron, Clarion, Clearfield, Crawford, Elk, Erie, Forest, Jefferson, McKean, Mercer, Potter, Venango and Warren. Dr. Gertrude A. Barber, Exec. Dir., Gertrude Barber Center, 136 East Avenue, Erie, PA 16507 will serve as temporary chairman of Region 6.

Region 7 consists of the counties of Bedford, Blair, Cambria, Fulton, Huntingdon, Juniata, Mifflin and Somerset. Mrs. Isabel Rosenbloom, Exec. Dir., UCP of Southern Alleghenies Region, 616 Somerset Street, Johnstown, PA 15901 will serve as temporary chairman of region 7.

An orientation meeting for those in the eastern section of the state was held in late May. These were Region 1, consisting of Bucks, Chester, Delaware, Montgomery and Philadelphia counties. Region 2 consisted of Berks, Carbon, Lehigh, Monroe, Northampton and Schuylkill counties. Region 3 consisted of Adams, Cumberland, Dauphin, Franklin, Lancaster, Lebanon, Perry and York counties. Region 4 consisted of Centre, Clinton, Columbia, Lycoming, Montour, Northumberland, Snyder and Union. Region 8 consisted of Bradford, Lackawanna, Luzerne, Pike, Sullivan, Susquehanna, Tioga, Wayne and Wyoming.

WERE THE

WHAT ~~ARE~~ REGIONAL FORUMS? WHO ~~MAY ATTEND?~~ ATTENDED?

As a prelude to the Pennsylvania Governor's Conference on Handicapped Individuals a series of Regional Forums ~~will be held.~~ were held.

These Forums ~~will be~~ ^{were} structured in such a manner as to enable handicapped consumers, parents/guardians of handicapped persons, agencies, providers of services and citizens interested in the handicapped to have maximum input into the considerations at the Governor's Conference on Handicapped Individuals.

These persons will have the opportunity to present the concerns/needs/problems, etc. of the handicapped which are unique to each region.

WHAT ARE THE TOPIC AREAS?

Health Concerns	Economic Concerns
Educational Concerns	Special Concerns
Social Concerns	



WHAT REGION AM I IN? WHOM DO I CONTACT FOR MORE INFORMATION?

The Regions are set up by counties (See the list of Regional Forums Chairpersons). A name, address, and phone number is given for a contact person for each of the regions.

WHERE WILL MY REGIONAL FORUM BE HELD?

A complete listing of all Regional Forums dates, places and times is included elsewhere in this brochure. Locate yours and become involved!

REGIONAL FORUMS CHAIRPERSONS

COUNTIES REPRESENTED

REGION I

Bucks, Chester, Delaware, Montgomery, Philadelphia
Ms. Marilee Fogelson, Pres.
Delaware Valley Council on Services
for the Handicapped
919 Walnut Street
Philadelphia, PA 19107
(215) WA5-3213

REGION II

Berks, Carbon, Lehigh, Monroe, Northampton,
Schuylkill
Mr. Robert P. Dailey
121 N. Scenic Street
Allentown, PA 18104
(215) 395-5644



REGION III

Adams, Cumberland, Dauphin, Franklin, Lancaster,
Lebanon, Perry, York
Mr. Ronald Masitis
Elizabethtown Hospital for
Children and Youth
Elizabethtown, PA 17022
(717) 367-1161

REGION IV

Centre, Clinton, Columbia, Lycoming, Montour,
Northumberland, Snyder, Union
Mr. Glenn Dunkleberger, Exec. Dir.
Easter Seal Society of Centre,
Clinton Counties
1300 S. Allen Street
State College, PA 16801
(814) 238-4434
(814) 238-1304

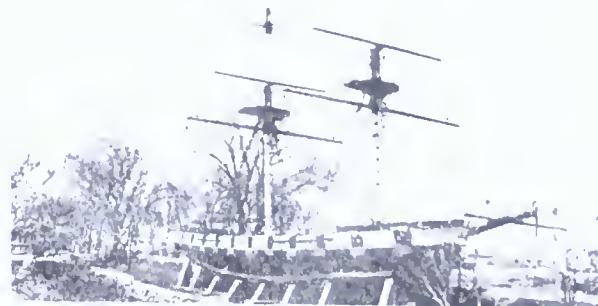


REGION V

Allegheny, Armstrong, Beaver, Butler, Fayette,
Greene, Indiana, Lawrence, Washington,
Westmoreland
Grace B. Crull
438 Union Trust Bldg.
Pittsburgh, PA 15219
(412) 765-2844

REGION VI

Cameron, Clarion, Clearfield, Crawford, Elk, Erie,
Forest, Jefferson, McKean, Mercer, Potter, Venango,
Warren
Dr. Gertrude Barber, Exec. Dir.
Gertrude Barber Center
136 East Avenue
Erie, PA 16507
(814) 456-5345



The restored brig Niagara—flagship of Commodore Oliver Hazard Perry's fleet—rests in Erie, Pa

REGION VII

Bedford, Blair, Cambria, Fulton, Huntingdon, Juniata,
Mifflin, Somerset
Mrs. Isabel Rosenbloom, Exec. Dir.
UCP of Southern Alleghenies Region
616 Somerset Street
Johnstown, PA 15901
535-7708

REGION VIII

Bradford, Lackawanna, Luzerne, Pike, Sullivan,
Susquehanna, Tioga, Wayne, Wyoming
Mr. Arthur Miller
Intermediate Union #17
R.D. #1, Box 301
Mansfield, PA 16933
(717) 724-3848



REGIONAL FORUMS

Region I

September 11 Civic Center
Philadelphia,
Pennsylvania
8:30 a.m. — 4:30 p.m.

Region II
September 11 Lehigh County
Community College
Schnecksville,
Pennsylvania
9:00 a.m. — 4:30 p.m.

Region III
September 15 Elizabethtown Hospital
for Children & Youth
Elizabethtown,
Pennsylvania
8:00 a.m. - Registration
10:00 a.m. — Forum

Region IV

September 16 State College
Conference Center
Univ. Park, Pa.
10:00 a.m. — 3:00 p.m.
(Centre, Clinton Ctys.)



St. John's United
Methodist Church
Williamsport, Pa.
9:00 a.m. — 3:00 p.m.
(Columbia, Montour,
Northumberland,
Snyder, Union)

Region V

September 16 Bell Telephone Building
Stanwyx Street
Pittsburgh,
Pennsylvania

Allegheny County

1:00 p.m. — 5:00 p.m.
7:00 p.m. — 9:00 p.m.

September 17 Slippery Rock College
Slippery Rock, Pa.
Beaver, Lawrence
& Butler Counties 10:00 a.m. — 4:00 p.m.

Region V Continued

September 20 Community Center
4th & 10th Streets
Appolo, Pennsylvania
10:00 a.m. — 4:00 p.m.

September 21 Jablonski Clinic
Centerville,
Pennsylvania
Washington, Fayette
& Greene Counties 10:00 a.m. — 4:00 p.m.

Region VI

September 10 Holiday Inn
Brookville, Pa.
1:00 p.m. — 4:00 p.m.
6:00 p.m. — 9:00 p.m.

September 11 Holiday Inn
Brookville, Pa.
10:00 a.m. — 12:00 n.
1:30 p.m. — 3:00 p.m.

September 24 Edinboro State College
Edinboro, Pennsylvania
10:00 a.m. — 9:00 p.m.

and
September 25 Edinboro State College
Edinboro, Pennsylvania
10:00 a.m. — 4:00 p.m.

Region VII

August 6 Altoona Area High
School
Altoona, Pennsylvania
10:00 a.m. — 3:30 p.m.

September 11 Pittsburgh University
Science — Engr. Bldg.
Johnstown Campus
10:00 a.m. — 3:30 p.m.

Region VIII

September 18 Tunkhannock High
School
Tunkhannock,
Pennsylvania
8:00 a.m. — 6:00 p.m.



Commonwealth of Pennsylvania
GOVERNOR'S CONFERENCE ON HANDICAPPED INDIVIDUALS
500 State Street Bldg.
N. W. Corner Third & State Streets
Harrisburg, Pa. 17101
(717) 783-8283

DELEGATE SELECTION PROCESS

The Governor's Conference on Handicapped Individuals to be held December 1-3, 1976 at Hershey Convention Center, Hershey, Pennsylvania will consist of three hundred (300) delegates. Of these three hundred individuals 50% must be handicapped, 25% must be parent/guardian of a handicapped individual and 25% must be others who are interested in the handicapped.

Other criteria to be considered in establishing a delegation which is truly representative of the population of the commonwealth are as follows:

Ethnic/Racial minorities	Elderly
Professionals	Veterans
Urban/Rural	Business/Industry/Labor
All disabilities	Females/Males
Children	All economic levels

BALANCE IS IMPORTANT!

The process to be used in selecting the delegates for the Governor's Conference will be:

1. For a person to be eligible to become a delegate, it will be necessary to be in attendance at one of the eight (8) Regional Forums.
2. Every person attending the Regional Forums will have an opportunity to nominate or be nominated as a Delegate to the Governor's Conference.
3. Available at these Regional Forums will be forms entitled REQUEST FOR CONSIDERATION AS A DELEGATE. These forms will be color-coded according to the category delegate wishes to represent as follows:

Blue Form	-	Handicapped Consumer
Yellow Form	-	Parent or guardian of Handicapped person
Green Form	-	Others (Providers, agencies, or interested in the handicapped)

Each perspective delegate must complete (or have completed for him/her) one of the proper color-coded forms and return it to the chairman of that region.
4. Upon receipt of all applications the Regional Forums Delegate Selection Sub-Committee and the Regional Chairman will determine the delegates to the Governor's Conference on Handicapped Individuals, based on the balanced criteria listed above.
5. All designated Delegates will be notified by the Governor's Conference office. They will also be sent proper registration materials at that time with instructions on how and where to respond.
6. Later all delegates will be sent a packet of informational materials which are to be carefully and thoroughly studied prior to conference time.

The Commonwealth of Pennsylvania is allowed sixteen (16) delegates to the May 25-29, 1977 White House Conference on Handicapped Individuals to be held in Washington, D. C. The Governor's Conference Co-Directors will fill two (2) of these positions by White House Regulations. The remaining fourteen (14) will be chosen from among the three hundred (300) state delegates.

All of the criteria to be used to balance the constituency of our Governor's Conference delegates also applies to the White House Conference representatives as listed above. The process to be used in selecting the White House Delegates will be as follows:

1. For a person to be eligible to become a White House Delegate it will be necessary for him/her to have been a delegate to or to have participated in an official capacity at the Governor's Conference.
2. During the Governor's Conference all delegates who are interested in becoming delegates to the White House Conference will have the opportunity to complete the proper color-coded application forms (as described on page 1) and return them to their Regional Chairman.
3. At the appropriate place in the Governor's Conference schedule, time will be allowed for regional caucuses. Each caucus will provide opportunity for the region to submit its nominations for the White House Conference. Delegates on the ratio of one nominee per five delegates to the Governor's Conference.
4. The Governor's Conference Planning Committee Delegate Selection Task Force will use that list of nominees to prepare a balanced delegation, by categories, (i.e., handicapped consumer, parent/guardian, or other) of persons to represent Pennsylvania at the White House Conference.
5. The Governor will then certify the delegates by letter.

POPULATION BREAK-DOWN BY REGIONS
(Total Pa. 11,835,400)

County	Population	Equation	Percentage of Pa. Population	Number of Delegates
REGION 1 (5 counties)				
Bucks	448,200			
Chester	288,200			
Delaware	589,400			
Montgomery	632,100			
Philadelphia	<u>1,841,800</u>	<u>3,799,700</u>		
		11,835,400	32%	96
Total	3,799,700			
REGION 2 (6 counties)				
Berks	304,500			
Carbon	52,300			
Lehigh	263,300			
Monroe	52,300			
Northampton	222,600			
Schuylkill	<u>160,800</u>	<u>1,055,800</u>		
		11,835,400	9%	27
Total	1,055,800			
REGION 3 (8 counties)				
Adams	61,900			
Cumberland	167,300			
Dauphin	226,800			
Franklin	104,800			
Lancaster	337,900			
Lebanon	104,100			
Perry	31,400			
York	<u>284,000</u>	<u>1,318,200</u>		
		11,835,400	11%	22
Total	1,318,200			
REGION 4 (8 counties)				
Centre	106,400			
Clinton	38,300			
Columbia	58,400			
Lycoming	116,400			
Montour	16,500			
Northumberland	100,900			
Snyder	31,500			
Union	<u>30,700</u>	<u>499,100</u>		
		11,835,400	4%	12
Total	499,100			

Page 2 - Population Break-down by Regions

REGION 5 (10 counties)

Allegheny	1,532,100			
Armstrong	76,200			
Beaver	209,200			
Butler	135,400			
Fayette	156,300			
Greene	37,100			
Indiana	83,900			
Lawrence	107,200			
Washington	213,700			
Westmoreland	378,500	2,929,600		
		<u>11,835,400</u>		
Total	2,929,600		25%	75

REGION 6 (13 Counties)

Cameron	6,800			
Clarion	40,600			
Clearfield	76,800			
Crawford	85,000			
Elk	37,800			
Erie	273,700			
Forest	4,900			
Jefferson	46,400			
McKean	51,300			
Mercer	128,800			
Potter	17,000			
Venango	63,600			
Warren	47,200	879,900		
		<u>11,835,400</u>		
Total	879,900		7%	21

REGION 7 (8 counties)

Bedford	43,600			
Blair	135,600			
Camberia	188,800			
Fulton	11,500			
Huntingdon	40,400			
Juniata	18,000			
Mifflin	45,100			
Somerset	77,200	560,200		
		<u>11,835,400</u>		
Total	560,200		5%	15

Bradford	59,700	
Lackawanna	233,400	
Luzerne	347,400	
Pike	14,000	
Sullivan	5,700	
Susquehanna	35,900	
Tioga	41,900	
Wayne	32,400	
Wyoming	22,500	760,200

760,200

$$\begin{array}{r} 760,200 \\ \hline 11,835,400 \end{array}$$

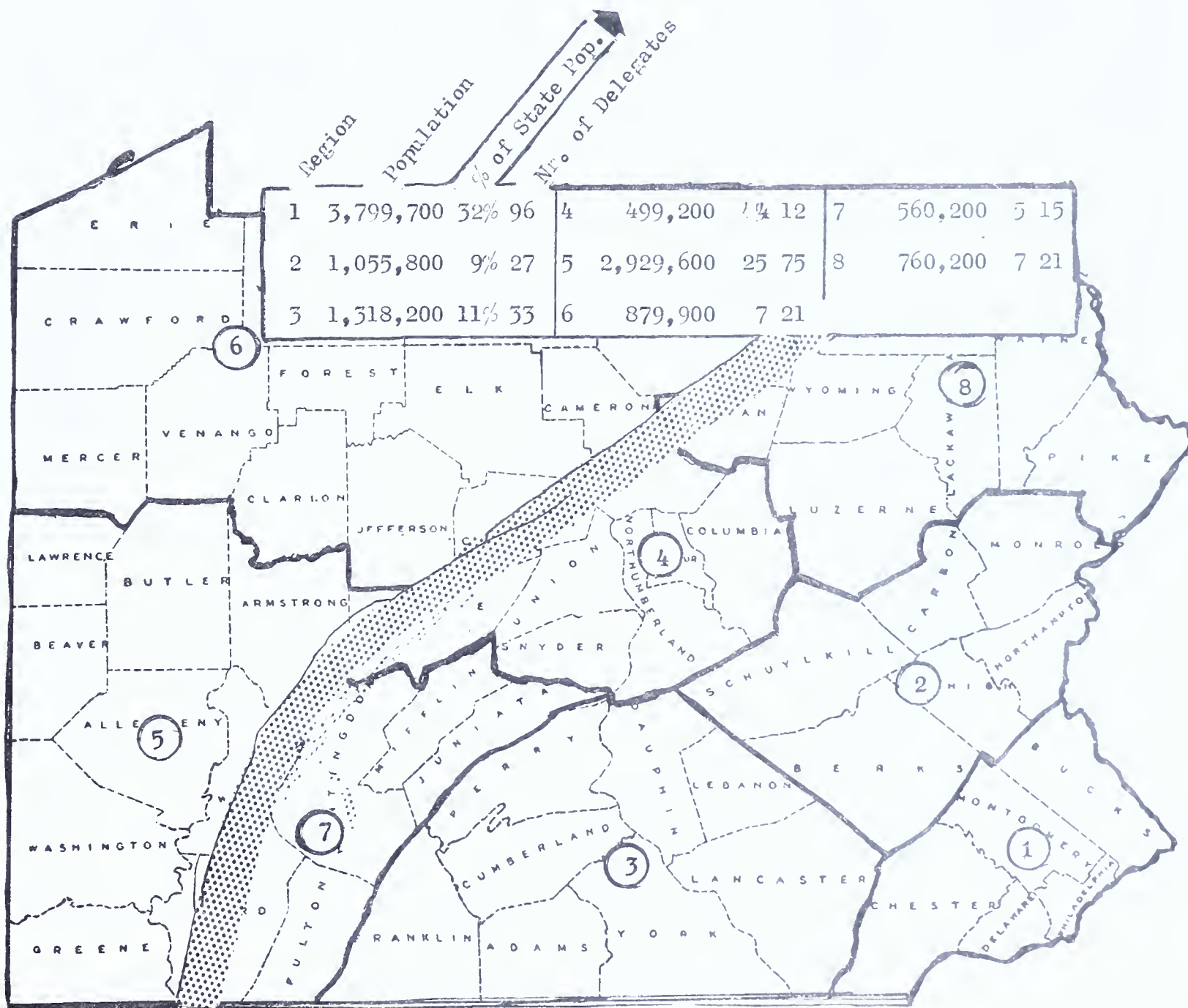
710

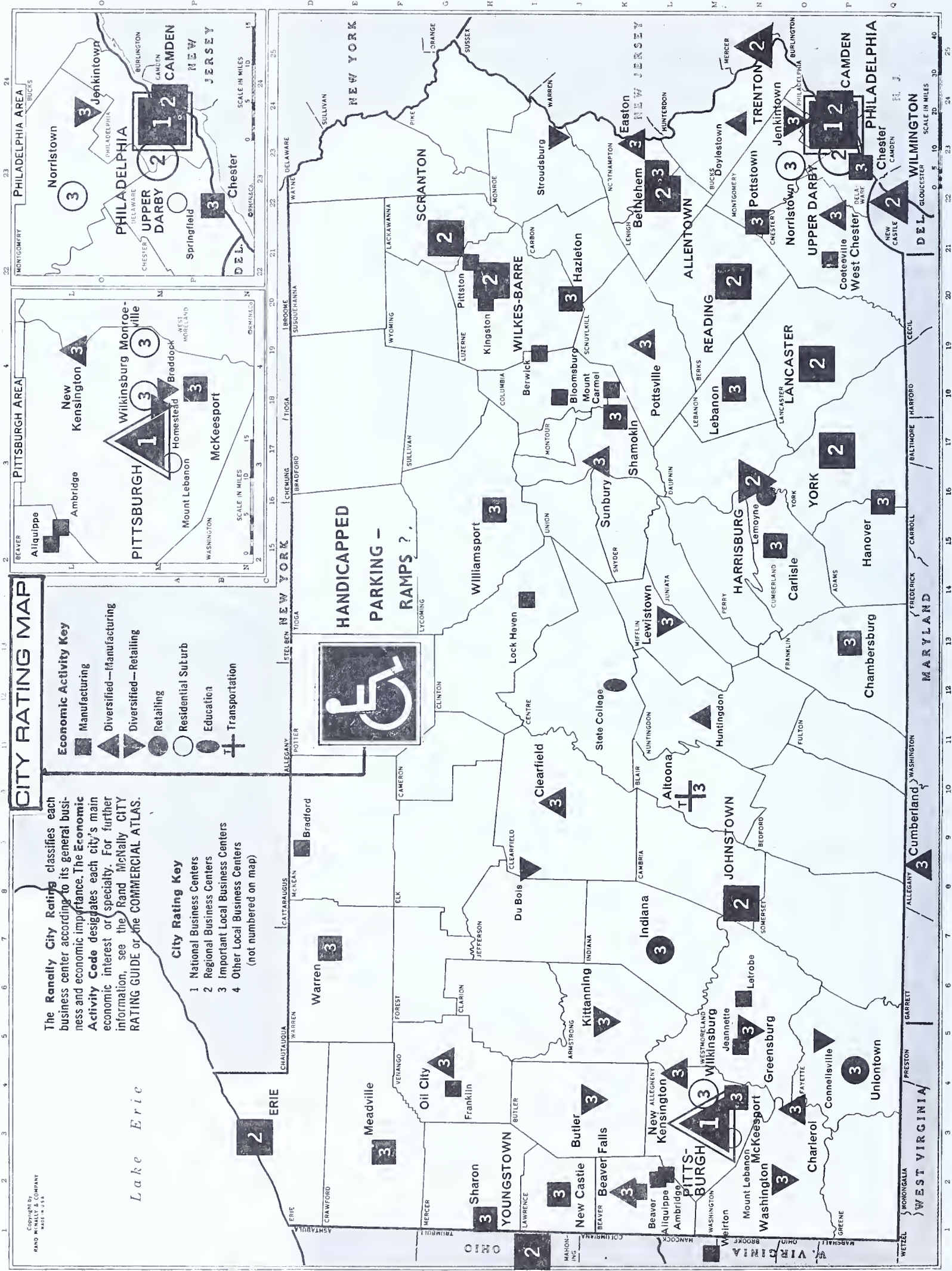
21

TOTAL - - - 11,835,400

100%

300





CITY RATING MAP

The **Ranally City Rating** classifies each business center according to its general business and economic importance. The **Economic Activity Code** designates each city's main economic interest or specialty. For further information, see the **Rand McNally CITY RATING GUIDE** or the **COMMERCIAL ATLAS**.

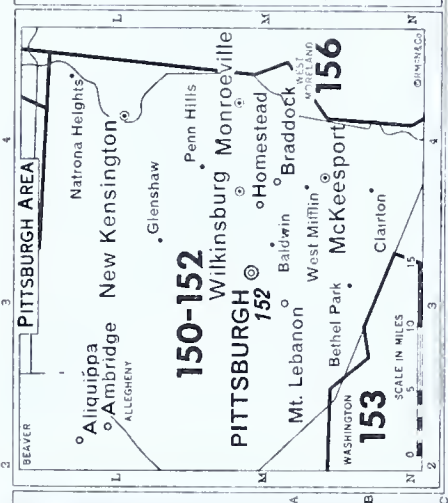
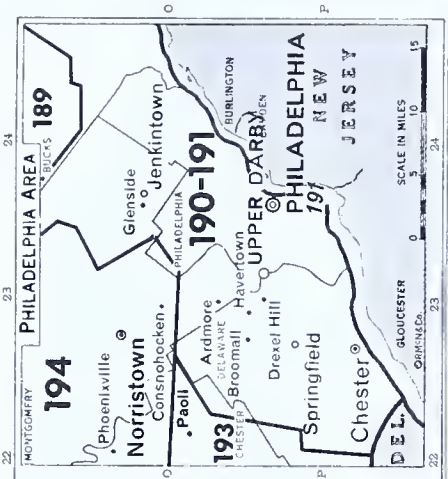
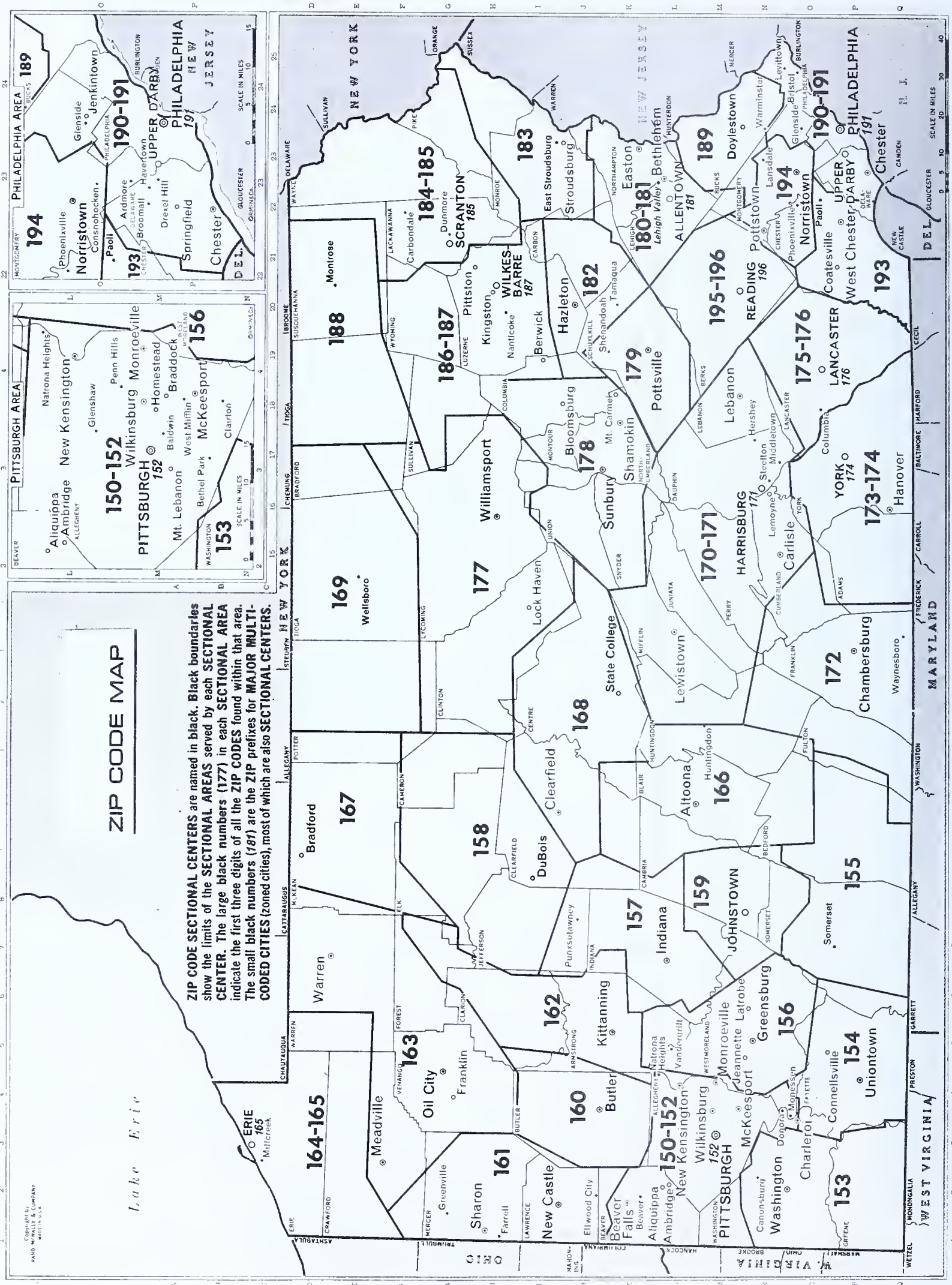
- City Rating Key**
- 1 National Business Centers
 - 2 Regional Business Centers
 - 3 Important Local Business Centers
 - 4 Other Local Business Centers (not numbered on map)

- Economic Activity Key**
- Manufacturing
 - Diversified—Manufacturing
 - Diversified—Retailing
 - Retailing
 - Residential Suburb
 - Education
 - Transportation



HANDICAPPED
PARKING -
RAMPS ?

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ZIP CODE SECTIONAL CENTERS are named in black. Black boundaries show the limits of the **SECTIONAL AREAS** served by each **SECTIONAL CENTER**. The large black numbers (177) in each **SECTIONAL AREA** indicate the first three digits of all the **ZIP CODES** found within that area. The small black numbers (187) are the **ZIP CODES** for **MAJOR MULTI-CODED CITIES** (zoned cities), most of which are also **SECTIONAL CENTERS**.

D

GOVERNOR'S CONFERENCE ON
HANDICAPPED INDIVIDUALS



E



A

T

E

S



HERSHEY CONVENTION CENTER

DECEMBER 1,2,3, 1976

CONFERENCE DELEGATES

Alphabetical Listing

The following pages list all delegates alphabetically. Following each name is the number of the Region they represent. For additional information on the delegates, you should refer to the Region of origin in the next section of the book.

Delegates whose approval to print their name did not arrive in the office in time to meet the printer's deadline will appear in an alphabetical listing at the end of this section of the book.

CONFERENCE DELEGATES

Alphabetical Listing

<u>Name</u>	<u>Region</u>	<u>Name</u>	<u>Region</u>
ALBERT, SHERRY	III	BUCKLEY, TERRY	IV
ALDERSON, GEORGE	VII	BULL, LEROY, JR.	I
ALEXANDER, SANFORD III	I	BUNCE, GIZELLA	VI
BAER, DONNA	VII	BURKHOLDER, EUGENIA	I
BAKER, WILLIAM	VIII	BURKHOLDER, JAMES	I
BALL, JEANNE	V	BUTKYS, ADOLPH	II
BARKER, RICHARD	III	BYLE, GEORGE	VIII
BARTO, SANDRA	I	BYRNES, EILEEN	I
BEATTY, LYNN	V	CAMPBELL, MARY	VIII
BEECHETTI, FREDERICK	VIII	CANTERBURY, CATHERINE	VIII
BERGSTEIN, ELIZABETH	IV	CAPONE, BILL	VII
BIRCH, RAYMOND	VIII	CAPPA, JACOB	V
BLAKESLEE, BARTON	VI	CAREY, JOAN	I
BOLDT, BARBARA	III	CARNEY, GAY	V
BOSSERMAN, RICHARD	VII	CAVACINI, DONNA MARIE	II
BOUQUIN, SHIRLEY	VI	CHITESTER, SUSAN	VI
BOWEN, DAVID	II	CHRISNER, W. D. III	V
BOWMAN, ZEPH	I	CLARK, ALLEN	V
BOYER, HELEN	II	CLOKEY, JOHN W.	I
BOYER, WILLIAM	II	COLONNA, CLARA JOYCE	V
BROECKER, BETTY	I	COOK, TIMOTHY	I
BROOKE, ANNA	II	COOPER, SALLY	I

DELEGATES (Alphabetical Listing)

<u>Name</u>	<u>Region</u>	<u>Name</u>	<u>Region</u>
COPE, BENNETTE	I	FOSTER, ADELE	I
COPE, F. ANN	I	FOSTER, ELIZABETH	I
CORBIN, CHRISTINE	V	FOSTER, MILDRED	I
COULSTON, ARDEN	III	FOSTER, ROBERT	III
DANOWSKI, MARGARET	II	FUEHRER, JOHN III	III
DANTRY, JERRY	V	GANOE, MARCELLA	VII
DEILEY, ROBERT	II	GATTER, RAYMOND	VI
DELZANGLE, MARCELIN	III	GEARHART, R. DENNING	V
DEVINE, THELMA	I	GLAND, RUSS J.	I
DEVORE, JOYCE	V	GLASSMAN, SHIRLEY	I
DICKS, JANET	II	GLOTFELTY, CHARLES	V
DILL, AUDREY	V	GODWIN, HAROLD	I
DONNELLY, BARBARA	I	GREENWOOD, KATHY	III
DONNELLY, CHARLES	I	GRIVNA, DREW	V
DOTO, ANGELO	V	GROSSMYER, MICHELE	II
DOUDNA, JAY	I	GRODE, JOHN	VI
DRIBEN, JOYCE	V	HAMILTON, ELIZABETH	I
DUGAN, JAMES	V	HARDY, DAVID	V
EASH, VIOLET	IV	HARVEY, JANET	V
EVERETT, JAMES	I	HAWTHORNE, ANNETA	III
FARBER, ROSE	V	HAYES, ROSE MARIE	VI
FENSTER, PHILLIP	I	HEATON, RENA	IV
FOCHT, CHARLES	V	HELLER, WILLIAM	III
FOGLESONG, MARILEE	I	HERR, EDITH	III

DELEGATES (Alphabetical Listing)

<u>Name</u>	<u>Region</u>	<u>Name</u>	<u>Region</u>
HERTZ, ROGER	II	LEVITON, SUSAN	I
HERZEK, LORRAINE	I	LOUGHRAN, MARGUERITE	V
HIBBLER, GEORGE	I	LUTTER, RUDOLPH, JR.	I
HILBERT, DOROTHY	II	LUTZ, PAUL	III
HODDER, JERRIE	VIII	LYONS, RICHARD	V
HOFFMAN, HELEN	II	LYNCH, ROBERT DALE	V
HORRELL, LORETTA	V	MANHART, MINNIE	II
HOSHAUER, LILLIAN	I	MARGALIS, JOSEPH	VIII
HUNSBERGER, ARTHUR	VI	MARGOLIS, STEPHEN	I
JACOBI, JAN ELLEN	I	MAURIZIO, DONNA	VII
JACOBS, ELIZABETH	III	McCOMBS, ROBERT	II
JANKOVIC, MADELINE	V	McCOOLEY, JOAN	I
JONES, THOMAS	VII	McENTEE, EDWARD	I
JORDON, JERRY	I	McGARVEY, BETTY	I
KAPLAN, MARTIN	I	McGEE, PHILIP	III
KEMP, WILLIAM	III	McKINSTRY, LINDA	VI
KOCH, BEATRICE	III	MALLICK, JUDY	V
KOWALCZUK, EUGENE	I	MANGUS, GERALDINE	V
KRAMER, TOM	II	MAURER, JOHN	V
KREIDER, KATHRYN	III	MERTZ, ALBERT	II
KUKLESKI, AUDRIAN	V	MERVIS, DON	V
KUNIGEL, ARLENE	VIII	MILLER, ARTHUR	VIII
KUNIGEL, SANDRA	VIII	MILES, BARBARA	III
LEGGE, PATRICIA	I	MILLS, ROBERT	V

DELEGATES (Alphabetical Listing)

<u>Name</u>	<u>Region</u>	<u>Name</u>	<u>Region</u>
MINETTI MARJORIE	V	RAUDENBUSH, HOLMES	VI
MOORE, CARL	I	REEDED, THOMAS	III
MORGAN, JENNIE LEE	V	REIFF, DOVIE	I
MOSER, DOROTHY	III	REITMEIR, PAUL	II
MOSLEY, SHELLY	III	RICE, DAVID	VI
MOWL, HAROLD, JR.	V	RILEY, STANLEY, JR.	I
MURPHY, COLLEEN	II	RODGERS, JOANNE	V
MYERS, JOAN	I	ROPPELT, A. DONALD	I
NEES, REV. JOHN	I	ROSENBLOOM, ISOBEL	VII
NEUMAN, JAY	I	ROSS, DAVID	IV
NEUMAN, MARIAN	I	ROSS-BURNS, HARRY	I
NIPON, CLAIRE	I	ROSSER, DARLA	VI
OLANOFF, ROSE	I	ROTH, LAWRENCE A.	VI
ORNER, SANDI	VII	RUSSEL, GAIL	V
PAFF, DEBORAH	V	RUSSO, CHARLES	III
PARKER, ROBERT	III	SABELLA, JOSEPH	V
PASCUZZI, BETTY	V	SANGREY, JAMES	III
PATTERSON, JOAN	IV	SANTELLA, HERMAN	V
PENKALA, STANLEY	VIII	SCHATZ, VIRGINIA	V
PETERSEN, JOHN	VI	SCHEELINE, JANET	III
POBORSKY, ROSE	VII	SCHOLL, PAUL	II
POOLE, FRANK	V	SCHOONOVER, JAMES	VIII
PRICE, NORENE	V	SCHULTZ, WILLIAM	III
PURVIS, SHARON	I	SEBASTIAN, ANDREW	V

DELEGATES (Alphabetical Listing)

<u>Name</u>	<u>Region</u>	<u>Name</u>	<u>Region</u>
SEMONI, ANDREW	V	STYPULA, EVELYN	VI
SEVIER, GRACE	I	SWARTZ, TONY	II
SHAW, EVELYN	III	SWEENEY, STEVEN	III
SHERMAN, DENNIS	VII	SWIHART, DAVID	V
SHUNK, JAMES	VII	TARR, CONNIE	V
SICHERI, RANDALL	VI	TEMPLE, ROBERT	IV
SIMMONS, ST. CLAIR	III	TERZIAN, ARAM	I
SIMPSON, DAVID	I	THOMAS, JANET	V
SMERICK, IRENE	VI	THOMPSON, RICHARD	V
SMITH, BLANCA	II	TOMB, DOROTHY	VIII
SMITH, MARY BETH	V	TREXLER, SHIRLEY	I
SMOLA, NICHOLAS	I	TROCHIMOWICZ, JOHN	IV
SNYDER, JAMES, JR.	II	VASTYSHACK, KATHRYN	II
SOPHANO, JAMES	VIII	VIDAL, VICTOR	VI
SPAULDING, DOROTHY	I	WALSH, SISTER MARIAN	VIII
SPAULDING, KENNETH	I	WARBURTON, MARILYN	I
STACY, RHETA	III	WARREN, REV. REPSIE	I
STAINTON, MARY	III	WARTHLING, CHARLES	VIII
STAUB, PATRICIA	I	WATSON, JOANN	II
STAUFFER, RHOADS	III	WEBER, BETTY	V
STEELE, DUANE	III	WEHR, WILLIAM	II
STOTT, DONNALD	V	WEISS, GEORGE	I
STRAYER, DAVID	VII	WEISS, KAREN	V
STROBER, FREDERICK	I	WEISS, PATRICIA	V

DELEGATES (Alphabetical Listing)

<u>Name</u>	<u>Region</u>
WEISS, RHONDA	I
WELSH, CATHERINE	I
WESS, RETA	VII
WHITE, HOWARD	I
WHITENIGHT, ALBERT	IV
WILKINS, CARL	V
WILT, KATHERINE	IV
WINCHELL, JANICE	I
WOLTZ, SHARON	I
WOLOSIN, S. E.	V
WOODY, MAXINE	V
WYMAN, NINA	I
YAGER, DEBORAH	I
YOUNG, TED	I

CONFERENCE DELEGATES

Delegates to the Governor's Conference on Handicapped Individuals were selected from among those persons who participated in the fourteen Regional Forums held throughout the Commonwealth in August and September.

The following pages list delegates by their last name, alphabetically, by their Region. Delegates whose approval to print their name did not arrive in the office in time to meet the printer's deadline will appear at the end of this section of the book.

The code used in the last column should be interpreted in the following manner:

H = Handicapped Individuals

P = Parent/Guardians of Handicapped Persons

O = Professionals, Representatives of Agencies
and Organizations serving the Handicapped,
etc.

REGION I

<u>Name</u>	<u>Address</u>	<u>County</u>	<u>Code</u>
ALEXANDER, SANFORD III	2818 Ryerson Place Philadelphia 19114	Philadelphia	0
BARTO, SANDRA	400 W. Miner Street West Hester 19380	Chester	H
BOWMAN, ZEPH M.	2215 Wallace Street Philadelphia 19130	Philadelphia	P
BROECKER, BETTY	Community College of Philadelphia 34 S. 11th Street Philadelphia 19107	Philadelphia	H
BULL, LEROY, JR.	P. O. Box 6983 Philadelphia 19132	Philadelphia	H
BURKHOLDER, EUGENIA	204 Belair Road Warminster 18974	Bucks	P
BURKHOLDER, JAMES, JR.	204 Belair Road Warminster 18974	Bucks	P
BYRNES, EILEEN	2509 S. Newkirk Street Philadelphia 19145	Philadelphia	H
CAREY, JOAN	122 Llanfair Road Ardmore 19003	Montgomery	H
CLOKEY, JOHN W.	744 N. New Street West Chester 19380	Chester	H
COOK, TIMOTHY	3440 Chestnut Street Philadelphia 19174	Philadelphia	H
COOPER, SALLY H.	Nicholas Building 14 Elliott Avenue Bryn Mawr 19010	Montgomery	0
COPE, BENNETTE M.	227 Howarth Road Media 19063	Delaware	P
COPE, F. ANN	227 Howarth Road Media 19063	Delaware	H

REGION I (Continued)

<u>Name</u>	<u>Address</u>	<u>County</u>	<u>Code</u>
DEVINE, Thelma R.	521 Smithfield Avenue Philadelphia 19116	Philadelphia	P
DONNELLY, BARBARA	17 Boston Ivy Road Levittown 19057	Bucks	H
DONNELLY, CHARLES	17 Boston Ivy Road Levittown 19057	Bucks	H
DOUDNA, JAY	1320 Spruce Street Apartment 2408 Philadelphia 19107	Philadelphia	O
EVERETT, JAMES C.	5080 McKean Avenue Philadelphia 19144	Philadelphia	H
FENSTER, PHILLIP M.	638 Solly Avenue Philadelphia 19111	Philadelphia	O
FOGLESONG, MARILEE	7900 Lindbergh Blvd. #4802 Philadelphia 19153	Philadelphia	O
FOSTER, ADELE	329 Glen Gary Drive Havertown 19083	Delaware	H
FOSTER, ELIZABETH	501 Oakley Road Haverford 19041	Delaware	O
FOSTER, MILDRED	329 Glen Gary Drive Haverford 19083	Delaware	P
GLAND, RUSS J.	149½ Shurs Lane Philadelphia 19127	Philadelphia	O
GLASSMAN, SHIRLEY	9601 Ashton Road Apt. 0-28 Philadelphia 19114	Philadelphia	H
GODWIN, HAROLD W.	201 Foxcroft Road Broomall 19008	Delaware	H
HAMILTON, ELIZABETH	191 Presidential Blvd. Bala Cynwyd 19004	Montgomery	H
HERZEK, LORRAINE	44 Blue Ridge Drive Levittown 19057	Bucks	P
HIBBLER, GEORGE H.	2008 Widener Place Philadelphia 19138	Philadelphia	P

REGION I (Continued)

<u>Name</u>	<u>Address</u>	<u>County</u>	<u>Code</u>
HOSHAUER, LILLIAN	260 Pancoast Avenue Springfield 19064	Delaware	H
JACOBI, JAN ELLEN	135 S. 19th Street Apartment 701 Philadelphia 19103	Philadelphia	O
JORDON, JERRY	701 W. Summit Apartment D 13 Philadelphia 19128	Philadelphia	O
KAPLAN, MARTIN	1122 Lakeside Avenue Philadelphia 19126	Philadelphia	O
KOWALCZUK, EUGENE	2923 Garnett Road Drexel Hill 19026	Delaware	O
LEGGE, PATRICIA	4417 Pine Street Philadelphia 19104	Philadelphia	H
LEVITON, SUSAN	Community Service for the Deaf 9 S. 12th Street Philadelphia 19107	Philadelphia	O
LUTTER, RUDOLPH, JR.	6904 Ridge Avenue Philadelphia 19128	Philadelphia	H
MARGOLIS, STEPHEN	6119 N. Warnock St. Philadelphia 19141	Philadelphia	H
McCOOLEY, JOAN	2600 Belmont Avenue Philadelphia 19131	Philadelphia	H
McENTEE, EDWARD	415 E. Providence Road Aldan 19018	Delaware	H
McGARVEY, BETTY	629 Fountain Street Philadelphia 19128	Philadelphia	H
MOORE, CARL M.	2009 Medary Avenue Philadelphia 19138	Philadelphia	H
MYERS, JOAN E.	135 N. 21st Street Philadelphia 19103	Philadelphia	H
NEES, REV. JOHN F.	305 W. Chestnut Hill Ave. Philadelphia 19118	Philadelphia	H
NEUMAN, JAY	1460 Devereaux Avenue Philadelphia 19149	Philadelphia	H

REGION I (Continued)

<u>Name</u>	<u>Address</u>	<u>County</u>	<u>Code</u>
NEUMAN, MARIUAM	1460 Devereaux Avenue Philadelphia 19149	Philadelphia	P
NIPON, CLAIRE	3600 Conshohocken Avenue Philadelphia 19131	Philadelphia	P
OLANOFF, ROSE S.	Park Towne Place E-1003 Philadelphia 19130	Philadelphia	O
PURVIS, SHARON	6255 Old York Road Philadelphia 19141	Philadelphia	O
REIFF, DOVIE	612 W. Upsal Street Philadelphia 19119	Philadelphia	P
RILEY, STANLEY, JR.	2037 Pemberton Street Philadelphia 19146	Philadelphia	H
ROPPELT, A. DONALD	1958 Old Welsh Road Abington 19001	Montgomery	H
ROSS-BURNS, HARRY	502 Mayfair House Philadelphia 19144	Philadelphia	O
SEVIER, GRACE R.	15th and Market Sts. Philadelphia 19101	Philadelphia	O
SIMPSON, DAVID	400 Magee Avenue Philadelphia 19111	Philadelphia	O
SMOLA, NICHOLAS	468 Grant Street Phoenixville 19460	Chester	H
SPAULDING, DOROTHY	259 Larkspur Lane King of Prussia 19406	Montgomery	P
SPAULDING, KENNETH	259 Larkspur Lane King of Prussia 19406	Montgomery	P
STAUB, PATRICIA	429 Strathmore Road Havertown 19083	Delaware	P
STROBER, FREDERICK	6678 Lincoln Drive Philadelphia 19119	Philadelphia	O
TERZIAN, ARAM	1903 Melrose Avenue Havertown 19083	Philadelphia	O

REGION I (Continued)

<u>Name</u>	<u>Address</u>	<u>County</u>	<u>Code</u>
TREXLER, SHIRLEY	813 Penn Towers 1801 JFK Blvd. Philadelphia 19103	Philadelphia	H
WARBURTON, MARILYN	Apartment 748 School Lane House Philadelphia 19144	Philadelphia	H
WARREN, REV. REPSIE	2343 N. 52nd Street Philadelphia 19131	Philadelphia	O
WEISS, GEORGE W.	104 Pleasant Road Norristown 19401	Montgomery	H
WEISS, RHONDA J.	1801 JFK Blvd. Apartment 930 Philadelphia 19103	Philadelphia	H
WELSH, CATHERINE	142 N. Fairview Avenue Upper Darby 19082	Delaware	P
WHITE, HOWARD B.	Camelot Apartments I-12 Levittown 19055	Bucks	P
WINCHELL, JANICE	190 Willowburn Road Villanova 19085	Delaware	H
WOLTZ, SHARON	4631 Pine Street Philadelphia 19143	Philadelphia	O
WYMAN, NINA	1029 Arboretum Road Wyncote 19095	Montgomery	H
YAGER, DEBORAH	2005 Pine Street Philadelphia 19103	Philadelphia	H
YOUNG, TED	2813 N. Lee Street Philadelphia 19134	Philadelphia	H

REGION II

<u>Name</u>	<u>Address</u>	<u>County</u>	<u>Code</u>
BOWEN, DAVID	123 E. Spring Street Frackville 17931	Schuylkill	O
BOYER, HELEN	76 Chestnut Street Mohnton 19540	Berks	H
BOYER, WILLIAM	76 Chestnut Street Mohnton 19540	Berks	H
BROOKE, ANNA	R. D. #3 Box 99 Birdsboro 19508	Berks	H
BUTKYS, ADOLPH	3936 Birch Drive Bethlehem 18017	Northampton	H
CAVACINI, DONNAMARIE	5350 Towanda Drive Bethlehem 18017	Northampton	P
DANOWSKI, MARGARET	419 S. 6th Street Reading 19602	Berks	P
DEILEY, ROBERT	121 N. Scenic Street Allentown 18104	Lehigh	H
DICKS, JANET	P. O. Box 76 Reading 19603	Berks	O
GROSSMYER, MICHELE	6th & St. John Sts. Allentown 18103	Lehigh	H
HERTZ, ROGER S.	R.D. #1 Box 602 Leesport 19533	Berks	O
HILBERT, DOROTHY	Fleetwood 19522	Berks	P
HOFFMAN, HELEN	R.D. #4 Reading 19606	Berks	P
KRAMER, TOM	1106 Main Street Bethlehem 18018	Northampton	H
MANHART, MINNIE	6 N. 12th Street Pottsville 17901	Schuylkill	P
McCOMBS, ROBERT	R. D. #5 Lehighton 18235	Carbon	H
MERTZ, ALBERT	241 Bruno Avenue Haddock 18201	Schuylkill	H

REGION II (Continued)

<u>Name</u>	<u>Address</u>	<u>County</u>	<u>Code</u>
MURPHY, COLLEEN	R. D. #4 Box 277A Reading 19606	Berks	H
REITMEIR, PAUL	3403 T & S Avenue Whitehall 18052	Lehigh	H
SCHOLL, PAUL	3433 Trexler Blvd. Allentown 18104	Lehigh	H
SMITH, BLANCA	128 W. 4th Street Bethlehem 18015	Northampton	O
SNYDER, JAMES W. JR.	1157 Clearwood Drive Allentown 18103	Lehigh	H
SWARTZ, TONY	2034 8th Street Miller Heights Bethlehem 18107	Northampton	H
VASTYSHACK, KATHRYN	1805 E. Washington St. Allentown 18103	Lehigh	H
WATSON, JOANN	3020 Greenleaf Street Allentown 18104	Lehigh	P
WEHR, WILLIAM	R. D. # 1 Box 306 Orefield 18069	Lehigh	O

REGION III

<u>Name</u>	<u>Address</u>	<u>County</u>	<u>Code</u>
ALBERT, SHERRY	630 Janet Avenue Lancaster 17601	Lancaster	O
BARKER, RICHARD	4 W. Beale Avenue Unit 001 Enola 17025	Cumberland	H
BOLDT, BARBARA	R. D. #1 Box 208 Quarryville 17566	Lancaster	O
COULSTON, ARDEN	619 Carlisle Pike Mechanicsburg 17055	Cumberland	O
DELZANGLE, MARCELIN	3205 E. Market Street Apartment F2 York 17402	York	H
FOSTER, ROBERT	23 Grinnel Drive Camp Hill 17011	Cumberland	O
FUEHRER, JOHN G. II	74 Spruce Street Ephrata 17522	Lancaster	P
GREENWOOD, KATHY	R. D. #2 Box 610 Manheim 17545	Lancaster	H
HAWTHORNE, ANNETA	42 N. Washington Gettysburg 17325	Adams	H
HELLER, WILLIAM	Sally Ann Drive Lebanon 17042	Lebanon	H
HERR, EDITH	52 Holly Drive Leola 17541	Lancaster	H
JACOBS, ELIZABETH	21 Kready Avenue Millersville 17551	Lancaster	O
KEMP, WILLIAM M.	405 Candlewyck Road Lancaster 17601	Lancaster	H
KOCH, BEATRICE	113 W. 3rd Avenue Lititz 17543	Lancaster	P
KREIDER, KATHRYN	R. D. #2 Box 490 Palmyra 17078	Lebanon	P

REGION III (Continued)

<u>Name</u>	<u>Address</u>	<u>County</u>	<u>Code</u>
LUTZ, PAUL L.	507 Woodward Street Lancaster 17602	Lancaster	H
McGEE, PHILIP T.	2102 Princeton Avenue Camp Hill 17011	Cumberland	H
MILES, BARBARA	49½ W. High Street Carlisle 17013	Cumberland	O
MOSER, DOROTHY	13 Pilgrim Drive Lancaster 17603	Lancaster	P
MOSLEY, SHELLY	1826 Briggs Street Harrisburg 17103	Dauphin	O
PARKER, ROBERT	736 S. Queen Street York 17403	York	H
REEDER, THOMAS W.	R. D. #1 New Bloomfield 17068	Perry	H
RUSSO, CHARLES	307 N. Duke Street Lancaster 17602	Lancaster	H
SANGREY, JAMES	2129 Old Philadelphia Pike Lancaster 17602	Lancaster	H
SCHEELINE, JANET	56A Erford Road Camp Hill 17011	Cumberland	H
SCHULTZ, WILLIAM	4804 Del Brook Road Mechanicsburg 17055	Cumberland	H
SHAW, EVELYN	28 S. Spruce Street Lititz 17543	Lancaster	P
SIMMONS, ST. CLAIR	84 Oak Ridge Drive York 17402	York	O
STACY, RHETA	401 Eden Road Lancaster 17601	Lancaster	H
STANTON, MARY	258 Little Creek Road Lancaster 17601	Lancaster	H
STAUFFER, RHOADS L.	603 Janet Avenue Lancaster 17601	Lancaster	H
STEELE, DUANE	914 Landis Avenue Lancaster 17603	Lancaster	H

REGION III (Continued)

<u>Name</u>	<u>Address</u>	<u>County</u>	<u>Code</u>
SWEENEY, STEVEN	704 N. Franklin Street	Lancaster	H

REGION IV

<u>Name</u>	<u>Address</u>	<u>County</u>	<u>Code</u>
BERGSTEIN, ELIZABETH	1216 Williams Street State College 16801	Centre	P
BUCKLEY, TERRY	R. D. #2 McClure 17841	Snyder	H
EASH, VIOLET	32-A Vairo Blvd. State College 16801	Centre	H
HEATON, RENA	R. D. #3 Wonderview Bloomsburg 17815	Columbia	P
PATTERSON, JOAN	606 Chestnut Street Montoursville 17754	Lycoming	H
ROSS, DAVID	876 Park Avenue Williamsport 17701	Lycoming	O
TEMPLE, ROBERT	P. O. Box 334 Millville 17846	Columbia	P
TROCHIMOWICZ, JOHN	R. D. #1 Box 168-A Mill Hall 17751	Clinton	H
WHITENIGHT, ALBERT	R. D. #2 Bloomsburg 17815	Columbia	H
WILT, KATHERINE	638 Market Street Williamsport 17701	Lycoming	H

REGION V

<u>Name</u>	<u>Address</u>	<u>County</u>	<u>Code</u>
BALL, JEANNE C.	17 Fountain Avenue Pittsburgh 15205	Allegheny	H
BEATTY, LYNN	32 Lowery Drive Valencia 16059	Butler	P
CAPPA, JACOB	660 Ninth Street Oakmont 15139	Allegheny	P
CARNEY, GAY	Children's Hospital of Pittsburgh 125 De Soto St. Pittsburgh 15213	Allegheny	O
CHRISNER, W. D. III	7037 Willard Street Pittsburgh 15208	Allegheny	H
CLARK, ALLEN	Box 114 Salina 15680	Westmoreland	P
COLONNA, CLARA JOYCE	39th Street Beaver Falls 15010	Beaver	H
CORBIN, CHRISTINE	R. D. #1 Beaver Falls 15010	Beaver	P
DANTRY, JERRY	110 Mayer Drive Oakdale 15071	Allegheny	P
DEVORE, JOYCE	211 Aluminum City Terrace New Kensington 15068	Westmoreland	O
DILL, AUDREY	R. D. #1 Pleasant View Vandergrift 15690	Armstrong	D
DOTO, ANGELO	391 Park Avenue Natrona Heights 15065	Allegheny	H
DRIBEN, JOYCE	4628 Bayard Street Pittsburgh 15313	Allegheny	H
DUGAN, JAMES	509 State Manor Apts. Pittsburgh 15108	Allegheny	H
FARBER, ROSE	408 Cyrus Street Jeannette 15644	Westmoreland	P

REGION V (Continued)

<u>Name</u>	<u>Address</u>	<u>County</u>	<u>Code</u>
FOCHT, CHARLES	R. D. #1 Box 85 West Sunbury 16061	Butler	H
GEARHART, R. DENNING	4531 Forbes Avenue Appartment 201 Pittsburgh 15213	Allegheny	H
GLOTFELTY, CHARLES	3 Edgewood Road Pittsburgh 15215	Allegheny	O
GRIVNA, DREW	1445 Market Street Beaver 15009	Beaver	O
HARDY, DAVID	642D Glen Scott Glenshaw 15716	Allegheny	H
HARVEY, JANET	198 Woodridge Beaver 15019	Beaver	H
HORRELL, LORETTA	R. D. #3 Box 408 Apollo 15613	Armstrong	O
JANKOVIC, MADELINE	102 Harner Hall Slippery Rock 16057	Butler	H
KUKLESKI, AUDRIAN	315 R. Comrie Avenue Braddock 15104	Allegheny	H
LOUGHRAN, MARGUERITE	426 Hochberg Road Monroeville 15146	Allegheny	H
LYONS, RICHARD	220 Elm Street Claysville 15323	Washington	P
LYNCH, ROBERT DALE	568 Third Street Beaver 15009	Beaver	O
MALLICK, JUDY	8 Ackerman Drive Jeannette 15644	Westmoreland	P
MANGUS, GERALDINE	R. D. #5 Box 107 Apollo 15613	Armstrong	P
MAURER, JOHN F.	248 Sewickley Oakmont Rd. Pittsburgh 15237	Allegheny	H
MERVIS, DON	260 North Water Street Kittanning 16201	Armstrong	H

REGION V (Continued)

<u>Name</u>	<u>Address</u>	<u>County</u>	<u>Code</u>
MILLS, ROBERT	124 Lemox Street Uniontown 15401	Fayette	H
MINETTI, MAJORIE	1335 Portview Pittsburgh 15227	Allegheny	P
MORGAN, JENNIE LEE	2114 Center Avenue Ford City 16226	Armstrong	H
MOWL, HAROLD JR.	300 Swissvale Avenue Pittsburgh 15218	Allegheny	H
PAFF, DEBORAH	3182 Home Avenue Pittsburgh 15234	Allegheny	H
PASCUZZI, BETTY	512 Trenton Avenue Pittsburgh 15221	Allegheny	H
POOLE, FRANK	729 Fayette Bank Bldg. Uniontown 15401	Fayette	H
PRICE, NORENE	Central Towers Apt. 807 New Kensington 15068	Westmoreland	H
RODGERS, JOANNE	615 13th Avenue Munhall 15120	Allegheny	O
RUSSEL, GAIL	230 E. Jefferson St. Butler 16001	Butler	O
SABELLA, JOSEPH	203 19th St. New Brighton 15066	Beaver	P
SANTELLA, HERMAN S.	101 Maruth Drive Pittsburgh 15237	Allegheny	P
SCHATZ, VIRGINIA	4752 Bayard Street Pittsburgh 15213	Allegheny	O
SEBASTIAN, ANDREW	500 Crestview Drive Pittsburgh 15239	Allegheny	P
SEMONI, ANDREW	672 Linden Avenue New Kensington 15068	Westmoreland	H
SMITH, MARY BETH	2033 Termon Avenue Pittsburgh 15212	Allegheny	H

REGION V (Continued)

<u>Name</u>	<u>Address</u>	<u>County</u>	<u>Code</u>
STOTT, DONNALD	1018 Belaire Avenue Pittsburgh 15226	Allegheny	H
SWIHART, DAVID	107 Summerhill Lane Trafford 15085	Westmoreland	O
TARR, CONNIE	1633 Broad Street Greensburg 15601	Westmoreland	H
THOMAS, JANET	855 Fredricka Drive Bethel Park 15102	Allegheny	P
THOMPSON, RICHARD	634 Union Street California 15419	Washington	P
WEBER, BETTY	308 Cunningham Street Butler 16001	Butler	O
WEISS, KAREN	3445 Woodland Drive Murrysville 15668	Westmoreland	P
WEISS, PATRICIA	7 Allegheny Center Pittsburgh 15212	Allegheny	H
WILKINS, CARL	R. D. # 2 Box 221 Darlington 16115	Beaver	P
WOLOSIN, S. E.	1118 Galaxy Circle Pittsburgh 15241	Allegheny	P
WOODY, MAXINE	108 18th Street Vandergrift 15690	Westmoreland	O

REGION VI

<u>Name</u>	<u>Address</u>	<u>County</u>	<u>Code</u>
BLAKESLEE, BARTON	24 W. Washington Du Bois 15821	Clearfield	O
BOUQUIN, SHIRLEY	27 Drake Drive Oil City 16301	Venango	H
BUNCE, GIZELLA	493 Quaker Hill Road Warren 16365	Warren	P
CHITESTER, SUSAN	Munder Star Route Brookville 15825	Jefferson	H
GATTER, RAYMOND	Box 123 Edinboro State College Edinboro 16444	Erie	H
GRODE, JOHN	3703 Bird Drive Erie 16510	Erie	H
HAYES, ROSE MARIE	509 West 6th Street Erie 16502	Erie	H
HUNSBERGER, ARTHUR	452 Fairmont Avenue Meadville 16335	Crawford	H
McKINSTRY, LINDA	R. D. #1 Brookville 15825	Jefferson	H
PETERSEN, JOHN C	14 Homestead Avenue Bradford 16701	McKean	P
RAUDENBUSH, HOLMES	3015 French Street Erie 16504	Erie	P
RICE, DAVID	302 Raspberry Alley Edinboro 16412	Erie	O
ROSSER, DARLA	R. D. #1 Box 115E Strattonville 16258	Clarion	P
ROTH, LAWRENCE A.	P. O. Box 1051 Sharon 16146	Mercer	O
SICHERI, RANDALL	R. D. #1 Brockport 15823	Elk	H

REGION VI (Continued)

<u>Name</u>	<u>Address</u>	<u>County</u>	<u>Code</u>
SMERICK, IRENE	448 East 9th Street Erie 16503	Erie	0
STYPULA, EVELYN	Scranton Hall Box 36 Edinboro 16444	Erie	H
VIDAL, VICTOR	P. O. Box 1555 Erie 16501	Erie	0

REGION VII

<u>Name</u>	<u>Address</u>	<u>County</u>	<u>Code</u>
ALDERSON, GEORGE	603 5th Avenue Altoona 16601	Blair	H
BAER, DONNA	201 Glendale Avenue Lewistown 17044	Mifflin	O
BOSSERMAN, RICHARD	211 Central Avenue Johnstown 15902	Cambria	H
CAPONE, BILL	35 B. Hartslog Courts Huntingdon 16652	Huntingdon	O
GANOE, MARCELLA	150 N. Walnut Street Lewistown 17044	Mifflin	P
JONES, THOMAS	1065 Franklin Street Johnstown. 15905	Cambria	H
MAURIZIO, DONNA	316 Maple Drive Windber 15963	Somerset	P
ORNER, SANDI	Box 185 Reedsville 17084	Mifflin	H
POBORSKY, ROSE	R. D. # 2 Box 247-L Windber 15963	Cambria	P
ROSENBLOOM ISOBEL	616 Somerset Street Johnstown 15901	Cambria	O
SHERMAN, DENNIS	211 Central Avenue Johnstown 15902	Cambria	O
SHUNK, JAMES	212 Hill Street Milroy 17063	Mifflin	H
STRAYER, DAVID	R. D. #4 Box 327 Johnstown 15905	Somerset	H
WESS, RETA	4 Church Road R. D. # 1 Portage 15946	Cambria	P

REGION VIII

<u>Name</u>	<u>Address</u>	<u>County</u>	<u>Code</u>
BAKER, WILLIAM	617 Hickory Street Scranton 18505	Lackawanna	H
BEECHETTI, FREDERICK	309 W. Elm Street Dunmore 18512	Lackawanna	P
BIRCH, RAYMOND	W. Main Street Troy 16947	Bradford	O
BYLE, GEORGE	89 Chesten Street Kingston 18704	Luzerne	H
CAMPBELL, MARY	321 Prescott Avenue Scranton	Scranton	P
CANTERBURY, CATHERINE	159 Simpson Street Wilkes-Barre 18702	Luzerne	O
HODDER, JERRIE	P. O. Box 27 Morris Run 16939	Tioga	P
KUNIGEL, ARLENE	727 Donnelly Street Duryea 18642	Luzerne	H
KUNIGEL, SANDRA	727 Donnelly Street Duryea 18642	Luzerne	P
MARGALIS, JOSEPH	67 E. Thomas Street Wilkes-Barre 18705	Luzerne	H
MILLER, ARTHUR	R. D. #1 Box 301 Mansfield 16933	Tioga	O
PENKALA, STANLEY	60 Monroe Street Wilkes-Barre 18702	Luzerne	H
SCHOONOVER, JAMES	316 N. Empire Ct. Wilkes-Barre 18702	Luzerne	H
SOPHANO, JAMES	Charleston 15 Wellsboro 16901	Tioga	H
TOMB, DOROTHY	40 Waln Street Wellsboro 16901	Tioga	H
WALSH, SISTER MARIAN	2010 Adams Avenue Scranton 18509	Lackawanna	O

REGION VIII (Continued)

<u>Name</u>	<u>Address</u>	<u>County</u>	<u>Code</u>
WARTHLING, CHARLES	785 Hudson Street Hawley 18428	Wayne	H



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Leibfried, Ruth M.
McLure, Melda R.
Reinert, Martha
Weaver, Lester B.
Weaver, Mrs. Lester

SHIPPENSBURG STATE COLLEGE

Dr. Armstrong, Department of Business Education
Dubbs, Linda S.
Hill, Shirley A.

SHIPPENSBURG STATE COLLEGE (Continued)

Jarrett, Marilyn J.
Lovell, Sherry L.

THOMPSON INSTITUTE

Mr. George Morgan
Ms. Houser
Mrs. Barbara Williard
Boors, Kim
Breistein, Carol
Carbone, Marie
Curtis, Karla
Derr, Lynn
Eberts, Jane
Gibboney, Hollie
Good, Pam
Koch, Kathy
Moseley, Renata
Moyer, Bonnie
Oberrender, Linda
Regester, Karen
Roach, Nancy
Shope, Sandy
Shope, Sue
Shoop, Virginia
Snyder, Sharon
Wenrich, Cindy
Whitehead, Kim

YORK COLLEGE OF PENNSYLVANIA

Dr. Anita Levy, Chairman of Theraputic Recreation
Ayers, Tracy M.
Becker, Cindy A.
Beshore, Greg A.
Frank, Theresa A.
Freysinger, Valeria J.
Godfrey, Joanne M.
McCracken, Thomas B.
McCulley, Kathy M.
Owen, Karen L.
Ruggieri, Rebecca Ann
Spangler, Sandra L.

I apologize for any name that has been omitted from this list
additional names will appear in the post-Conference material

Jim Snyder

PENNSYLVANIA GOVERNOR'S CONFERENCE ON HANDICAPPED INDIVIDUALS

DECEMBER 1,2,3, 1976 - HERSHEY CONVENTION CENTER - HERSHEY, PA.

EVERYONE WELCOME!!!

CONFERENCE PROGRAM

WEDNESDAY, DECEMBER 1, 1976

12:00 Noon - 5:30 P.M. - REGISTRATION
Upper Lobby

12:00 Noon - 6:30 P.M. - EXHIBITS OPEN
Lower Level - Exhibit Area

2:00 P.M. - 4:00 P.M. - FILM FESTIVAL
Theatre

3:00 P.M. - MODERATORS ORIENTATION
Room H

4:30 P.M. - 6:00 P.M. - CASH BAR
Exhibit Area - Lower Level

6:30 P.M. - 8:30 P.M. - GOVERNOR'S DINNER
Aztec and Nigerian Rooms

PRESENTATION OF THE COLORS
Marine Corps Color Guard
Oscar Scherrick - Chapter 50, D.A.V.

NATIONAL ANTHEM (Sung by All)
Led by Gene Iannelli

Invocation - Reverend Conrad Raker, D.D.
Good Shepherd Home, Allentown

Master of Ceremonies - Carl Odhner
Co-Director of Conference

Introduction of John Hagen, Director, Vocational Rehabilitation
Department of Labor & Industry
by Rowena Odhner, Co-Director of Conference

KEYNOTE SPEAKER
THE HONORABLE MILTON J. SHAPP
GOVERNOR
COMMONWEALTH OF PENNSYLVANIA

9:00 P.M. - SOCIAL MIXER FOR EVERYONE
by Pennsylvania Therapeutic Recreation Society
Trinidad and Nigerian Rooms

9:00 P.M. - CASH BAR
Trinidad Room

10:30 P.M. - Volunteers will go off Duty - If you need their assistance
to return to your room, do so before this time.

THURSDAY, DECEMBER 2, 1976

7:30 A.M. - 8:45 A.M. - CONTINENTAL BREAKFAST (Special Tickets Only)
Nigerian Room

8:00 A.M. - REGISTRATION DESK

9:00 A.M. - 12:00 Noon - FIRST SESSION WORKSHOPS

HEALTH CONCERNS (HEC)

HEC - Room J
Prevention and Diagnosis

SOCIAL CONCERNS (SOC)

SOC-I - Aztec Room
Attitudes of the General Public Toward
Handicapped Individuals

SOC-II - Rooms N and L
Psychological Adjustment of Handicapped
Individuals and Their Families

SOC-III & IV - Room I
Recreation and Participation in
Cultural Activities

SOC-V - Room G
Architectural Accessibility

SOC-VI - Room H
Transportation Accessibility

SOC-VII - Room M
Communications

ECONOMIC CONCERNS (ECC)

ECC-I - Aztec Room
Employment

ECC-II-III - Room K
Economic Opportunity
and Security

12:30 P.M. - LEGISLATORS LUNCHEON

Invocation - Rabbi Jeffrey Wohlberg
Temple Beth El, Harrisburg

1:45 P.M. - 4:30 P.M. - SECOND SESSION - WORKSHOPS

HEALTH CONCERNS (HEC)

HEC - Room J
Treatment, Research and Technology

EDUCATIONAL CONCERNS (EDC)

EDC-I - Room H
Preschool (0-5 years)

EDC-II - Room M
School Age (5-21 years)

EDC-III - Room K
Post School (21 years plus)

SPECIAL CONCERNS (SPC)

SPC-I - Room G
Problems of the Severe or
Multiple Handicapped

SPC-II - Aztec Room
Community and Residential
Based Housing

SPC-III - Room I
Service Delivery Systems

SPC-IV & V - Rooms N and L
Civil Rights of the Handicapped and
Unique Problems of Handicapped Minorities

SPC-VI - Aztec Room
Unique Problems of
Disabled Veterans

SPS-VII - Aztec Room
Unique Problems of the
Handicapped Aging

4:30 P.M. - CASH BAR
Exhibit Area - Lower Level

6:00 P.M. - DINNER
Aztec and Nigerian Rooms

Invocation - The Rev. Father John F. Nees
Moss Rehab Hospital

Master of Ceremonies
Co-Directors Mr. and Mrs. Carl Odhner

Explanation of the Nomination Process for White House Delegates
by William Graffius, Director
Pennsylvania Easter Seal Society

8:00 P.M. - THIRD SESSION - CAUCUS MEETING OF DELEGATES
by Regions to make Their Nominations
for Potential Delegates to the White
House Conference

Region I - Nigerian Room
Ms. Marilee Fogelsong, Chairperson

Region II - Room G
Robert P. Deiley, Chairperson

Region III - Rooms N and L
Ronald Masitis, Chairperson

Region IV - Room I
Glenn Dunklebarger, Chairperson

Region V - Aztec Room
Mrs. Grace B. Crull, Chairperson

Region VI - Room K
Dr. Gertrude Barber, Chairperson

Region VII - Room M
Mrs. Isabel Rosenbloom, Chairperson

Region VIII - Room H
Arthur Miller, Chairperson

9:00 P.M. - CASH BAR
Trinidad Room

9:15 P.M. - SOCIAL HOUR - Trinidad Room

ELIZABETHTOWN COLLEGE JAZZ ENSEMBLE
Otis D. Kitchen, Director

FRIDAY, DECEMBER 3, 1976

7:30 A.M. - 8:45 A.M. - CONTINENTAL BREAKFAST (Special Tickets Only)

8:00 A.M. - 12:00 Noon - REGISTRATION DESK

9:00 A.M. - 12:00 Noon - FOURTH SESSION - WORKSHOPS

Those Workshops that will be Reconvened will
be posted in the Lobbies and at the Information
Desk.

12:30 P.M. - LT. GOVERNOR'S LUNCHEON

Invocation - Reverend William Cherry
Grandview Heights United Methodist Church

Conference Challenge Speaker -

THE HONORABLE ERNEST P. KLINE
LT. GOVERNOR
COMMONWEALTH OF PENNSYLVANIA

1:30 P.M. - SUMMARY SESSION

Master of Ceremonies - Carl and Rowena Odhner

Closing Remarks - Jack F. Smith
Executive Director
White House Conference on
Handicapped Individuals

3:00 - Check Out Time

FOR YOUR HELP AND SERVICE ARE:

FIRST AID AND MEDICAL ASSISTANCE -

Lower Lobby or Call Motel Operator and
they will connect you by phone.

VOLUNTEER AID -

Room F - Lower Lobby or Call Motel Operator and
they will connect you by phone.
Jim Snyder, Coordinator

INFORMATION -

Desks on Both Lower and Upper Floors in
Lobbies or call Extensions 474 or 476.

EXHIBITS -

It will be worth your while to spend time in the
Exhibit Area.
Col. David Farr, Coordinator

CONFERENCE PHOTOGRAPHER -

Robert C. Peppel, State Parks Superintendent
R.D. #1, Box 1612
Clarendon, Pennsylvania 16313

WORKSHOPS OF THE
GOVERNOR'S CONFERENCE ON HANDICAPPED INDIVIDUALS

HEALTH CONCERNS (HEC)
ROOM J

CO-MODERATORS: Eleanora Gordon, M.D.
Committee on Handicapped Children
Pennsylvania Chapter American
Academy of Pediatrics

Thomas Coleman, M.D.
Chairman, Handicapped Childrens
Committee, Pennsylvania Chapter
American Academy of Pediatrics

RESOURCE PEOPLE:

Annette Lynch, M.D., Director
Bureau of Children's Services
Department of Health

Barbara Sherman, R.N.
Director of Nursing
Woodhaven Center

Anne Keller, M.D., Director
Division of Children's Rehabilitative
Services - Department of Health

Mrs. Mal Weaver, Executive Director
UCP of Schuylkill, Clarion, North-
umberland Counties

M. Jeffrey Maisels, M.D., Chief
Newborn Medicine - Pediatric Department
Milton S. Hershey Medical Center

Tage Kvist, Ph.D., Asst. Professor
Department of Anatomy
Philadelphia College of Osteopathy

The Honorable David C. DiCarlo
Representative - 3rd District

SOCIAL CONCERNS (SOC)

SOC-I ATTITUDES OF THE GENERAL PUBLIC TOWARD HANDICAPPED INDIVIDUALS
(Aztec Room)

MODERATOR: Bonnie Gellman, Director
Mayor's Office for Handicapped
Philadelphia, Pennsylvania

RESOURCE PEOPLE:

Hal Snyder, Director
U.C.P. of Pennsylvania

Dr. Irvin Rutman, Director
Horizon House
Institute for Research
and Development

The Honorable Theodore Berlin
Representative - 140th District

SOC-II PSYCHOLOGICAL ADJUSTMENT OF HANDICAPPED INDIVIDUALS AND THEIR FAMILIES
(Rooms N and L)

MODERATOR: Dr. Dorothea Glass
Medical Director
Moss Rehab Hospital

RESOURCE PEOPLE:

Dr. Harriett Mantell, Director
Allentown State Hospital

Phillip A. Spergel, Ph.D., Director
Psychological Service
Moss Rehab Hospital

The Honorable Nicholas B. Moehlmann
Representative, 102nd District

SOC-III & IV RECREATION AND PARTICIPATION IN CULTURAL ACTIVITIES
(Room I)

MODERATOR: Kathy Krygowski, President
Pennsylvania Therapeutic Recreation Society
Haverford State Hospital

RESOURCE PEOPLE:

Arthur Geisler, Chief
Division of Social & Recreational
Services
Department of Public Welfare

Mr. Howard Miller
Carousel House
Philadelphia Department of
Recreation

The Honorable W. Louis Coppersmith
Senator, 35th District

SOC-V ARCHITECTURAL ACCESSIBILITY
(Room G)

MODERATOR: William Graffius, Director
Pennsylvania Easter Seal Society

RESOURCE PEOPLE:

Peter L. Lassen, Director
Compliance Division
Federal Architectural Barriers
Compliance Board

The Honorable Herbert Arlene
Senator, 3rd District

SOC-VI TRANSPORTATION ACCESSIBILITY
(Room H)

MODERATOR: Robert A. Scott, Ph.D.
Department of Behavioral Science
Milton S. Hershey Medical Center

RESOURCE PEOPLE:

Mr. James Raggio
Public Interest Law Center
of Philadelphia

William W. Millar
Special Projects Division
Mass Transit System - PENNDOT

Sieglinde Shapiro, President
Disabled in Action of Pennsylvania,
Inc.

The Honorable Francis J. Lynch
Senator, 2nd District

SOC-VII COMMUNICATIONS: TECHNIQUES, SYSTEMS, DEVICES
(Room M)

MODERATOR: Donald R. Gallion
Rehabilitation Specialist
Bureau of Vocational Rehabilitation

RESOURCE PEOPLE:

Frank Nemshick, Secretary
Pennsylvania Society for Advancement
of the Deaf

Dr. Gary Holman
School for the Deaf
Pittsburgh, Pennsylvania

ECONOMIC CONCERNS (ECC)

ECC-I EMPLOYMENT
(Aztec Room)

MODERATOR: Leonard Weitzman, Director
Vocational Rehabilitation Center
of Allegheny County

RESOURCE PEOPLE:

John W. McGrath
Bureau of Employment Security

Ms. Dorothy Fulton, Chief
Division of Vocational Habilitation

The Honorable William J. McLane
Representative, 112th District

ECC-II & III ECONOMIC OPPORTUNITY AND ECONOMIC SECURITY
(Room K)

MODERATOR: Mr. George Brenyo
Community Services Committee
USWA District #15, AFL-CIO

RESOURCE PEOPLE:

Mr. Bruce Swartz
Pennsylvania Association of Retarded
Citizens

Mr. John H. Moore, Jr., Exec. Dir.
Threshold of Berks County, Inc.

The Honorable Kenneth E. Brandt
Representative, 98th District

THURSDAY AFTERNOON WORKSHOPS

EDUCATIONAL CONCERNS (EDC)

EDC-I PRE-SCHOOL (0-5 YEARS)
(Room H)

MODERATOR: Dr. Marechal Neil-Young, Assistant Superintendent
Special Education
Stevens Administrative Center

RESOURCE PEOPLE:

Nancy Heyman, Regional Advisor
Rights to Education Office
Department of Education

Mrs. Ellen Somerton-Fair, Director
PA Training Model
Department of Education

The Honorable Mark B. Cohen
Representative, 202nd District

EDC-II SCHOOL AGE (5-21 YEARS)
(Room M)

MODERATOR: Dr. Michael Sinco
Learning Disability Consultant
Mountaintop, Pennsylvania

RESOURCE PEOPLE:

Mr. George Severns
Special Education Advisor
Department of Education

The Honorable Jeanette F. Reibman
Senator, 18th District

EDC-III POST SCHOOL (21 YEARS PLUS)
(Room K)

MODERATOR: Dr. Earl B. Young, Associate Professor
Programs in Special Education
University of Pittsburgh

RESOURCE PEOPLE:

Dr. William F. Ohrtman, Director
Bureau of Special Education
Department of Education

Dr. Robert Gates, Vice-President
Edinboro State College
Edinboro, Pennsylvania

The Honorable Wilmot E. Fleming
Senator, 12th District

SPECIAL CONCERNS (SPC)

SPC-I PROBLEMS OF THE SEVERE OR MULTIPLE HANDICAPPED
(Room G)

MODERATOR: John Gamaldi, Director
Department of Health
Division of Social Work

RESOURCE PEOPLE:

Mr. Philip Walsh
Recreation Consultant
Department of Health

Mr. Conrad Raker
Good Shepherd Home and Hospital
Allentown, Pennsylvania

The Honorable Richard A. Snyder
Senator, 13th District

SPC-II COMMUNITY AND RESIDENTIAL BASED HOUSING
(Aztec Room)

MODERATOR: Dr. Gertrude Barber
Executive Director
Gertrude Barber Center

RESOURCE PEOPLE:

Dorothy B. Columbus
Philadelphia, Pennsylvania

Joseph Bilbo
Department of Public Welfare

The Honorable Michael A. O'Pake
Senator, 11th District

SPC-III SERVICE DELIVERY SYSTEMS
(Room I)

MODERATOR: Mr. Peter Polloni, Executive Director
Pennsylvania Association for Retarded Citizens

RESOURCE PEOPLE:

John Lapidakis, Executive Director
Kurtz Training Center
Lehigh Valley Association of
Retarded Citizens

Douglas Meshaw
Integrated Service Specialist
Governor's Office

The Honorable Clarence F. Manbeck
Senator, 28th District

SPC-IV & V CIVIL RIGHTS OF THE HANDICAPPED AND UNIQUE PROBLEMS OF
HANDICAPPED MINORITIES
(Rooms N and L)

MODERATOR: Ms. Elizabeth Shuster
Pennsylvania Human Relations Commission

RESOURCE PEOPLE:

Joseph Cohen, President United Cerebral Palsy of Pennsylvania	Frank Laski, Esquire PILCOP
--	--------------------------------

SPC-VI UNIQUE PROBLEMS OF DISABLED VETERANS
(Aztec Room)

MODERATOR: Robert L. Hedstrom, Adj.
D.A.V. Department of PA.

RESOURCE PEOPLE:

Ted Vollrath, President Martial Arts for the Handicapped	The Honorable Henry J. Cianfrani Senator, 1st District
---	---

SPC-VII UNIQUE PROBLEMS OF THE HANDICAPPED AGING
(Aztec Room)

MODERATOR: Ms. Hope Thomson
Director of Social Work
Temple University Hospital

RESOURCE PEOPLE:

Ms. Sara Downey
Office for the Aging
Department of Public Welfare

Ms. Florence D. Melitzer
Bureau of Program Development
Office for the Aging
Department of Public Welfare

The Honorable Charles F. Dougherty
Senator, 5th District

DIRECTORY



GOVERNOR'S OFFICE

Information - Executive Office Only - 7-5330

EXECUTIVE OFFICE

GOVERNOR

Shapp Milton J 225 C

OFFICE FOR HUMAN RESOURCES

*504 State Street Building
General Information 7-3875
Personnel Information 3-1929*

Director
Coyle Francis X 7-3875

Assistant to Mr Coyle
LaVia Pamela 3-1923

Administrative Officer
Peirce Wyllene 3-1929

Advocate for the Physically Handicapped
Snyder John H 3-8348

Services Integration Specialist
Meshaw Douglas W 3-8349

**Developmental Disabilities Planning
and Advisory Council**
Riverside Office Center, Building 4

Director
Lee Rubin

Child Development Committee
700 State Street Building

Staff Planner
Diethorn Robert

Nursing Home Ombudsman Project
*113 South 36th Street, Suite 501
Philadelphia 19104*

State Director
Delany Carol

Nurse Consultant
Davies Kathleen

Administrative Officer
Niedermayer Gretchen

Nursing Home Ombudsman Project
*1403 State Office Building
300 Liberty Avenue, Pittsburgh 15222*

Local Director
Goetz Audrey

Nurse Consultants
Nakovich Joan
Bonk Janet

OFFICE OF LEGISLATIVE SECRETARY

Legislative Secretary
McLaughlin William B III 225 C

Secretary to Mr McLaughlin
Schell Loa M 225 C

Legislative Assistant
Cosey Barry 308 C

Secretary to Mr Cosey
Gray Jeanne A

GOVERNOR'S ACTION CENTER

400 State Street Building

Director
Farrell Joseph

Assistant Director
Allen Mirtza

Assistant to Ms Allen
George Brenda

Research Information Director
Frymoyer Robert

OFFICE OF SPECIAL ASSISTANT FOR AGING

Special Assistant for Aging
Schulder Dan 504 SS 3 1924-1925-1926

**PENNSYLVANIA HUMAN
RELATIONS COMMISSION**

*100 North Cameron Street
Harrisburg 17120*

*General Information 7-4410
Personnel Information 3-8270
Public Information 3-8266*

**Philadelphia Regional Office
711 State Office Building**

Regional Director
Johnson Ishmael R (335)6944

Administrative Officer
Barnes Ray (335)6944

Regional Counsel
Farrer Anne (335)7205
Yaffee Roy (335)7206

Affirmative Enforcement Project Specialist
Robinson Carole (335)7205

Affirmative Enforcement Project Counsel
Finch Frank (335)7207

Compliance Specialists
Gethers Chester (335)6310
Jones William (335)6974
Wallerstein Gerald (335)7118

Education Specialist
Carter Lewis (335)3465

Housing Specialist
Rossi Vincent (335)6974

**Harrisburg Regional Office
301 Muench Street**

Regional Director
Johnson Thelma 3-8494

Regional Counsel
Baker Thomas 3-2089
Keeney James 3-8042

Administrative Officer
Hill Clifford 7-9780

Compliance Specialists
Brunson Kevin 3-8496
Edwards Sam 7-9785
Raynock Peggy 7-9783

Education Specialist
Stewart Charlotte 3-8492

Housing Specialist
Hain Henry 3-8487

**Pittsburgh Regional Office
Room 810, Four Smithfield Street**

Regional Director
Simmons George A (645)7561-7562

Administrative Officer
Reinfeld Howard (645)2145

Regional Counsel
Fein Kathy (645)7567
Lancaster Gary (645)7595
Woods Arlene (645)7564

Affirmative Enforcement Project
Feldstein Jay 412-471-0677

Compliance Specialists
Kubrick Samuel J (645)2199
Lafferty William (645)5100

Education Specialist
Dorsey David Jr (645)7564

Housing Specialist
Mitchell Lester C (645)2798

DEVELOPMENTAL DISABILITIES COUNCIL

Ms Lee Rubin
Executive Director

AGENCY APPOINTMENT TO DD COUNCIL

Mr. Daniel Torisky
National Society For Autistic Children
738 Greenleaf Drive
Monroeville, Pennsylvania 15146

Mr. Carl Saylor
United Cerebral Palsy of Pennsylvania
71 Chestnut Street
Lewistown, Pennsylvania 17044

George E. Orwig II, Esquire
Pennsylvania Division
Epilepsy Foundation of America
Suite 415, Williamsport Building
460 Market Street
Williamsport, Pennsylvania 17701

Mrs. Mary Rita Hanley
Pennsylvania Association for Children
with Learning Disabilities
217 North Hillside Drive
Exton, Pennsylvania 19341

Mrs. Patricia Clapp
Pennsylvania Association for Retarded
Citizens
1612 Branning Road
Pittsburgh, Pennsylvania 15235

STATE AGENCY APPOINT TO DD

The Honorable Frank S. Beal
Secretary of Public Welfare
333 Health & Welfare Building
Harrisburg, Pennsylvania

The Honorable John C. Pittenger
Secretary of Education
317 Education Building
Harrisburg, Pennsylvania

The Honorable Leonard Bachman, M.D.
Secretary of Health
802 Health & Welfare Building
Harrisburg, Pennsylvania

The Honorable Paul J. Smith
Secretary of Labor & Industry
1700 Labor & Industry Building
Harrisburg, Pennsylvania

CONSUMER APPOINTMENT

Joseph L. Cohen, Esquire
Towne House Apartments
Apartment 1515
660 Boas Street
Harrisburg, Pennsylvania 17102

Mrs. Judith Body
P. O. Box 148
Trexlerstown, Pennsylvania 18087

Mr. Marvin White
West Ogle Street
Ebensburg, Pennsylvania 15931

Mrs. Catherine Gallagher
622 Georges Lane
Ardmore, Pennsylvania 19003

Arthur Berger, Esquire (chairperson)
McNees, Wallace & Nurick
100 Pine Street
Harrisburg, Pennsylvania 17101

LIEUTENANT GOVERNOR'S OFFICE

200 Main Capitol Building

LIEUTENANT GOVERNOR

Kline Ernest P 200 C

Executive Assistant

Knopf Eugene F 200 C

Secretary to Executive Assistant

Haines Kathie A 200 C

Special Counsel

Henry Ronald 200 C

Secretary to Special Counsel

Cain Mary E 200 C

Administrative Assistant to Lt Governor

Finley Zada A 200 C

Secretary to Lt Governor

DeLisle Jean L 200 C

LEGISLATIVE SERVICE AGENCIES

LEGISLATIVE REFERENCE BUREAU

Information 7-4223

Status of Bills 7-2342

Publication, Pa. Code and Pa. Bulletin 7-3749

DIRECTOR

Wise Robert C 641 C 7-5323

Secretary to Director

Gordon Nancy L 641 C 7-5323

Assistant Director

Garber Frank P 641 C 7-2142

Secretary to Assistant Director

Volas Dorothy M 641 C 7-5621

Attorneys

Cable Robert L 641 C 7-3792

Davis Joel K 641 C 7-2850

Lower Marion 641 C 3-8108

Rehr John J 641 C 7-4682

Snell James 641 C 7-3122

VanVlack Charles W 641 C 3-8562

Walsh James L 641 C 7-5220

Weinert Robert A 641 C 7-3341

Zech Robert 641 C 3-8079

Statutory Revision Attorney

Mease Carl L 641 C 3-2083

Legislative Citations

Magee Marilyn 641 C 7-3381

Reference Historian

Hirschmann Agnes J 641 C 7-2342

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Gothie Dora L 641 C 7-3608

Document Supervisor

Hill Joseph 641 C 7-7385

Chief Legal Technician-Typist

Kaminski Mary 641 C 7-2051

Legal Technician-Typists 641 C

. 7-5420

Supervising Legal Proofreader

Seitz Irene 641 C 7-6528

Documents Law Section

Joint Committee on Documents

Director

Hoffman Gary R 647-B C 7-3749

SENATE

Senate Information 7-5920

Bill Status 7-5920

PRESIDENT (LIEUTENANT GOVERNOR)

Kline Ernest P 200 C 7-3300

*(See Departmental listing under heading of
Lieutenant Governor for complete staff listing)*

PRESIDENT PRO TEMPORE

Murray Martin L 292 C 7-7105

Administrator

Farrell Charles F 168 C 7-5851

SECRETARY OF THE SENATE

Gruell Mark Jr 462 C 7-5920

Assistant Secretary

Casey William H R 292 C 7-7105

Administrative Assistant

Burns Hilda W 462 C 7-5920

SENATE LEADERSHIP

MAJORITY LEADER

Nolan Thomas M 362 C 7-1398

Executive Secretary to Majority Leader

Miller Elizabeth C 362 C 7-1398

Executive Assistant

Coleman Peter M 362 C 7-8564

MAJORITY WHIP

Messinger Henry C 351 C 7-1349

Executive Assistant

Afflerbach Roy 351 C 7-1349

MAJORITY CAUCUS CHAIRMAN

Noszka Stanley M 173 C 7-6123

MAJORITY CAUCUS SECRETARY

Ammerman Joseph S 177 C 7-1377

MINORITY POLICY COMMITTEE CHAIRMAN
Ewing Wayne S 543 C 7-5839

MINORITY CAUCUS ADMINISTRATOR

Snyder Richard A 284 C 7-6535

MINORITY APPROPRIATIONS CHAIRMAN

Tilghman Richard A 281 C 7-5544

Executive Director

Clouser William H 281 C 7-1456

Administrative Assistant

McAuliffe Neil 177 C 7-1377

Assistant to Senator Ammerman

Deibert Ronald 48 C 3-1228

MAJORITY POLICY CHAIRMAN

Cianfrani Henry J 350 C 7-5660

MAJORITY CAUCUS ADMINISTRATOR

Zemprelli Edward P 169 C 7-5580

MINORITY LEADER

Hager, Henry G. 7-7084

Public Information Officers 545 C 7-4595

MINORITY WHIP

Wood T Newell 535 C 7-7428

Administrative Assistant

Walsh Catherine S 535 C 7-7428

MINORITY CAUCUS CHAIRMAN

Fleming Wilmot E 281 C 7-6599

Administrative Assistant

Baker Arlene W 281 C 7-6599

MINORITY CAUCUS SECRETARY

Bell Clarence D 286 C 7-4712

Administrative Assistant

Kepner Patricia K 286 C 7-4712

SENATORS

Ammerman Joseph S 177 C	7-1377
Andrews W Thomas 545 C	7-9684
Arlene Herbert 101 C	7-6735
Bell Clarence D 286 C	7-4712
Cianfrani Henry J 350 C	7-5660
Coppersmith W Louis 178 C	7-5400
Dougherty Charles F 543 C	7-9609
Duffield William E 186 C	7-1350
Dwyer R Budd 545 C	7-1322
Early Edward M 168 C	7-6538
Schaefer, Michael	7-5839
Fleming Wilmot E 281 C	7-6599
Frame Richard C 535 C	7-7084
Hager Henry G 543 C	7-2928
Hankins Freeman 170 C	7-7112
Hess Ralph W 545 C	7-3817
Hill Louis G 172 C	7-4420
Gurzenda, Joseph	7-2637
Holl Edwin G 281 C	7-3110
Howard Edward L 545 C	7-7305
Jubelirer Robert C 543 C	7-5490
Kelley James R 171 C	7-6063
Kury Franklin L 353 C	7-8928
Gekas, George	7-6801
Lewis H Craig 168 C	7-5072
Lynch Francis J 366 C	7-1141
Manbeck Clarence F 281 C	7-5708
McKinney Paul 168 C	7-5970
Mellow Robert J 187 C	7-6481
Messinger Henry C 351 C	7-1349
Moore William J 543 C	7-4651
Murphy Austin J 184 C	7-1463
Murray Martin L 292 C	7-7105
Hopper, John D. C	7-8524
Nolan Thomas M 362 C	7-1398
Noszka Stanley M 173 C	7-6123
O'Pake Michael A 171 C	7-8925
Orlando Quentin R 185 C	7-8927
Reibman Jeanette F 188 C	7-4236
Romanelli James A 168 C	7-7683
Ross James E 352 C	7-3076
Scanlon Eugene F 168 C	7-5300
Smith Joseph F 183 C	7-1427
Snyder Richard A 284 C	7-6535
Stapleton Patrick J 182 C	7-8724
Stauffer John 545 C	7-5709
Sweeney John James 168 C	7-7175
Tilghman Richard A 281 C	7-5544
Wood T Newell 535 C	7-7428
Zemprelli Edward P 169 C	7-5580

SENATE COMMITTEES

Aging and Youth 171 C

Chairman
O'Pake Michael A 7-8925

Vice Chairman
Lewis H Craig 7-5072

Agriculture 182 C

Chairman
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178 C**

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183 C**

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366 C**

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352 C**

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Lemmon Joanne E 131 C 7-3811

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Turner Phyllis 527-E C 7-7895

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Administrative Assistant to Majority Whip

Mihalich Herman 120 C 7-5860

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 Berlin Theodore 300 C 7-6651
 Berson Norman S 147 C 7-5499
 Bittle R Harry 330 C 7-6089
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Freind, Stephen R. 7-4331
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 Fineman Herbert 139 C 7-4610
 Fischer Roger Raymond 512-8-E C 7-8978
 Fisher D Michael B-10 C 7-4699
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 Foster William W B-5 C 7-2513
 Fryer Lester K 149-A C 3-8683
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 Giammarco Henry J 619 C 7-3532
 Greenleaf, Stewart J. 7-3555
 Gillette Helen D 149 C 7-8808
 Bittinger, Adam 7-1369
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 Goodman James A 614-1 C 7-2651
 Burd, James M. 7-7011
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Harper, Ruth B.
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 Husay George C B-8 C 7-5564
 Haskell H Harrison B-10 C 7-4685
 Hayes David S 512-8-E C 3-8024
 Hayes Samuel E Jr B-14 C 7-6419
 Piccola, Jeffrey E. 7-5379
 Armstrong, Gibson E. 3-8792
 Hopkins Forest W 629-A C 3-9757
 Hutchinson Amos K 617 C 7-3500
 Hutchinson William D B-13 C 7-5998

Irvis K Leroy 110 C 7-3701
 Itkin Ivan 612 C 3-1013

Johnson Joel J 614-5 C 7-3524

Katz Alvin B-15 C 7-6815
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 Pott, George F., Jr. 3-1019
 Kernick Phyllis T 611 C 3-1017
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 Knepper James W B-11 C 7-1915
 Kolter Joseph R 649 C 7-2704
 Kowalyshyn Russell 313-A-2 C 7-6939
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Laudadio John F Sr 302 C 7-5753
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 Lederer Raymond F 621 C 7-3504
 Lehr Stanford I 512-8-E C 7-3542
 Letterman Russell P 300 C 7-4736
 Levi Joseph II B-14 C 7-6920
 Lincoln J William 621 C 7-6478
 Lynch Francis J 512-8-E C 7-3564
 Logue, Charles T. 7-6817
 Manderino James J 120 C 7-5860
 Manmiller Joseph C B-7 C 3-8777
 McCall Thomas J 605 C 3-1835
 McClatchy Richard A Jr B-9 C 7-4371
 Livengood, Henry 7-1856
 McGinnis Patrick J B-7-A C 7-2801
 Gamble, Ron C 7-1711
 McIntyre James 620 C 7-3531
 McLane William J 602 C 7-2376
 Mebus Charles P 512-3-E C 7-0963
 Goebel, Ronald P. 3-1018
 Mianovich Fred R 604 C 7-6837
 Miller Marvin E 512-E C 7-2190
 Honaman, June N. 7-5451

Milliron John P 602 C 7-2376
 Misceovich George 611 C 3-1010
 Moehlmann Nicholas B B-13 C 3-8389
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 Mrkoncic Emil 611 C 3-1020
 Mullen Martin P 153 C 7-6514
 Mullen Michael M 611 C 7-4819
 Musto Raphael 313-A-3 C 7-8938
 Meluskey, Frank J. 7-4456

Novak Bernard R 618 C 7-3527
 Noye Fred C B-8 C 7-2353
 O'Brien, Dennis M.
 O'Brien Bernard F 614-2 C 7-2634
 O'Connell Frank J Jr 324 C 3-8320

O'Donnell Robert W 605 C 7-5008
 O'Keefe Peter J 620 C 7-3840
 Oliver Frank Louis 617 C 3-1021

Pancoast G Sieber 512-3-E C 7-3103
 Parker H Sheldon Jr 512-8-E C 7-3501
 7-6572
 7-1804
 Petrarca Joseph A 301 C 7-5142
 Pievsky Max 245 C 7-1711
 Pitts Joseph R B-9 C 7-4145
 Polite Roosevelt I B-9 C 7-3809
 Pratt Ralph D 602 C 7-5475
 Prendergast James F 115 C 7-6126
 Pyles Vern B-8 C 3-8640

 Rappaport Samuel 614-3 C 7-3557
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 3-1386
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 Richardson David P Jr 600 C 7-5853
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 Ritter James P 613 C 3-8338
 7-3541
 Ruggiero Philip S 149 C 7-8100
 Ryan Matthew J 329 C 7-8956
Spitz, Gerald J.
Stairs, Jess M. 7-3598
 Salvatore Frank A B-15 C 7-6908
 Scheaffer John E B-5 C 7-2047
 Schmitt C L 149-A C 7-2534-2885
 Schweder J Michael 605 C 7-3015
 Scirica Anthony J B-6 C 7-2686
 Seltzer H Jack 637 C 7-7044
Wass, Paul 7-6919
Stuban, Ted C 7-5649
 Shelton Ulysses 146 C 7-8523
 Shuman William O 605 C 7-8995
 Shupnik Fred J 450 C 7-6618
 Sirianni Carmel B-15 C 7-6886
 Smith Earl H B-9 C 7-4344
 Smith L Eugene 512-5-E C 7-2514
 Spencer Warren H 512-5-E C 3-1359
 Stahl Harold J Jr B-7 C 7-2684
 Stapleton Thomas J Jr 620 C 3-8387
Sweet, David 7-5760
Tenaglio, Francis X.
 Taddonio Lee C B-7 C 7-2853
 Taylor Fred 610-A C 3-1102
 Thomas Reno H 512-9-E C 7-8998
Taylor, Elinor Zimmerman 7-3525
 Trello Fred A 611 C 3-1012
Madigan, Roger A. 7-2685

Gatski, Ronald 7-4399

 Valicenti A Joseph 313-A-1 C 7-8986
 Vroon Peter R B-7 C 7-2512
Williams, Hardy
 Wagner George O B-12 C 7-4875
Zitterman, Frank J. 7-7682
 Wansacz John 610-A C 3-1905
 Wargo Joseph G 128 C 7-2581
 Weidner Marvin D 512-9-E C 7-8977
Mackowski, William D. 7-4358
Stewart, William J. 7-2083
 Wilson Benjamin H 629-B C 3-1166
 Wilt Roy W B-11 C 7-1868
Cassidy, Michael E. 7-8975
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Wiggins, Edward A. 7-8944
 Wright James J Jr 512-9-E C 7-8987
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152 C**

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144 C**

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Harrisburg 17120

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Volunteer Services - Consultant

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Pines Frank 302 H&WB

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Lohr Janet M 425 H&WB
Kimmel Catherine M 425 H&WB

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Gantt Chrysandra 425 H&WB

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Gioffre Robert 423 H&WB

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422 H&WB 7-6094-9374

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Bogardus Raymond 330 CAB
DeVincent Chester 330 CAB

Home Teaching Specialist
Crawford Frances 330 CAB

Blind Services Specialist
Lester Regina 300 CAB

Business Enterprises Program — Rehabilitation
Specialist for the Blind
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Policy Specialist
Bailey Edna D 300 CAB

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Apgar Clyde

Assistant District Manager
Taylor Alice

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*Commerce Park
500 Sixth Avenue
Altoona 16002
814-946-0861*

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Iacurto Vincent J

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Sykes Allan

Erie District Office
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Erie 16501
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Assistant District Manager
Ward Robert

Philadelphia District Office
*Philadelphia State Office Building
215-238-7530*

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Ellis Gladys J 108 Phl SO

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Assistant District Manager
Vacant 102 Pgh SO

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Nowak Edward

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Deputy Commissioner
Epps Alberta

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Commissioner
Rice Russell G Jr Ed D

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Lear Walter J MD

Office of Family Services

Commissioner
Vacant

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Suite 200, P.O. Box 1127
Scranton 18501
717-961-4393
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Hammel Robert J

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Yestrumskas Peter J

Social Services - Commissioner
Marmo Louis L

Income Maintenance - Commissioner
Kaufman Herman

Mental Retardation - Commissioner
O'Connor John

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Deputy Project Director
Thur James A

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925 Linda Lane
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Regional Licensing Officer
Hick Deborah

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Office of Mental Health

Commissioner
Fongemie Victor

Office of Mental Retardation

Commissioner
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Office of Medical Assistance

Commissioner
Cole Robert

Planning and Community Development

Director
Avigliano John

Title VI and Affirmative Action Unit
Pearson Willa Mae
Brown Geri

Volunteer Resources Coordinator
Lechthaler Mary Caroline

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SERVICES CENTER**

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P.O. Box 2675
Harrisburg 17105
717-787-9720
Network: (447)9720*

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Boyer Robert H

Public Assistance
Ahalt Jane

Adult Services
Romans William
Bailey David P

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Hartman Eugene
Biesecker John

Day Care
Sprenkel Tilde

Mental Health
Bomberger Dale

Mental Retardation
Whitaker Dale

Social Services
Hawley J Robert

**HOLLIDAYSBURG REGIONAL COMMUNITY
SERVICES CENTER**

*Hollidaysburg State Hospital
P.O. Box 319
Hollidaysburg 16648
814-695-5616
Network: (452)7200*

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Lindberg Frederick C

Public Assistance
Smitley Kenneth

Adult Services
Matula Robert
Leonard Thomas

Children and Youth
Prickard Jack

Day Care
Mercer Thomas

Mental Health
Devine David

Mental Retardation
Shettig Mary

**SELINGSGROVE REGIONAL COMMUNITY
SERVICES CENTER**

*Selingsgrove State School and Hospital
P.O. Box 500
Selingsgrove 17870
717-374-2675
Network: (498)3474*

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Williams Beth Tobias

Public Assistance
Shannon William

Adult Services
Metz Marian
Horsley Donald

Children and Youth
Nordberg Robert

Day Care
Crozier Harold M
Shelly Phoebe

Mental Health
Catherine John

Mental Retardation
Martin Helen

WESTERN REGION

*701 State Office Building
300 Liberty Avenue
Pittsburgh 15222
412-565-5220*

Deputy Secretary
Calloway Anna Belle

Mental Health - Commissioner
Meador Ralph

Mental Retardation - Commissioner (Acting)
Jenkins Lawrence

COUNTY BOARDS OF ASSISTANCE OFFICES

NOTE

Use the street address for mail, parcels, freight, telegrams, etc.; however, if a P.O. Box is listed, send First Class Mail, excluding special delivery to the P.O. Box.

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Gettysburg 17325

Executive Director

Monforte Simon J 717-334-6241

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Pittsburgh State Office Building
300 Liberty Avenue, Pittsburgh 15222
412-565-2137
Network Information: (645)2137

Executive Director

Dorsey James A Jr

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the Pittsburgh State Office Building

Hill District

Fort Pitt Building
10 Wood Street, Pittsburgh 15222

District Supervisor
Information

610 Wood Street, Pittsburgh 15222

North County District

242 Fifth Avenue, Pittsburgh 15222

Northern District

Fulton Building
107 Sixth Street, Pittsburgh 15222

Penn District

900 Penn Avenue, Pittsburgh 15222

Southeast District

801 Walnut Street, McKeesport 15132
412-664-6800

South Side District

900 Sarah Street, Pittsburgh 15203

Susquehanna District

7800 Susquehanna Avenue, Pittsburgh 15208
412-243-1520

ARMSTRONG

2800 North Jefferson Street, P.O. Box 509
Kittanning 16201
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Hardick Lawrence C 412-543-1651

BEAVER

Jefferson Street and R.I. Avenue
Rochester 15074
412-774-7310

Network Information: (663)5111

Executive Director

Dempsey Constance C

BEDFORD

125 West Pitt Street, P.O. Box 163
Bedford 15522

Executive Director

Kerr E Daniel 814 623-6151

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901 East Wyomissing Boulevard
P.O. Box 702, Reading 19603
215-378-4211

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Executive Director

Stover Martin I

BLAIR

1106 - 16th Street, Altoona 16601
814-946-0861

Network Information: (495)0111

Executive Director

Abrashoff Donald

BRADFORD

521 Main Street, Towanda 18848

Executive Director

Sweet Mildred 717-265-9186

BUCKS

3805 Otter Street, Bristol 19007
215-785-4081

Network Information: (375)1213

Executive Director

Rublin Lewis

District Office

22-28 South Main Street, Doylestown 18901
215-345-6030

BUTLER

409 South Main Street, P.O. Box 510
Butler 16001

Executive Director

Cross Barbara B (Mrs) 412 285 1766

CAMBRIA

239 Main Street, Johnstown 15901
814-535-6711

Network Information: (682)3294

Executive Director

Golob Edward R

CAMERON

303-309 South Chestnut Street, P.O. Box 71
Emporium 15834

Executive Director

Bosworth Leonard 814-483-3757

CARBON

26 Broadway, Jim Thorpe 18229

Executive Director

McGinley John B 717-325-3601

CENTRE

Zion Road, P.O. Box 477

Bellefonte 16823

Executive Director

Poleck Wasco 814-355-5531

CHESTER

510 East Gay Street, West Chester 19380

215-436-2484

Network Information: (356)2484

Executive Director

Shunk Sylvia

District No. 2

118 East Lincoln Highway, Coatesville 19320

215-383-5300

Network: (356)2087

CLARION

8 Grant Street, P.O. Box 629

Clarion 16214

Network Information: (669)5401

Executive Director

Pontzer Lloyd L 814-226-7480

CLEARFIELD

1121 Linden Street Ext., P.O. Box 550

Clearfield 16830

Network Information: (476)6271

Executive Director

Heil Eugene G 814-765-7591

CLINTON

319 North Grove Street, P.O. Box 450

Lock Haven 17745

717-748-2971

Network Information: (489)3516

Executive Director

Harbaugh Donald L

COLUMBIA

1123 Old Berwick Road, P.O. Box 287

Bloomsburg 17815

Network Information (489)3516

Executive Director

Shoemaker William J Jr 717-389-3516

CRAWFORD

747 Terrace Street, P.O. Box 446

Meadville 16335

814-337-1226

Network Information: (673)2201

Executive Director

Nelson Elmer N

CUMBERLAND

41-45 North Pitt Street, P.O. Box 599

Carlisle 17013

Executive Director

Passeri Robert J 717-249 2929

DAUPHIN

131 Walnut Street, P.O. Box 1163

Harrisburg 17108

717-787-2324

Network Information: (447)2324

Executive Director

Miller Jacob L

Walnut District Office

131 Walnut Street, Harrisburg 17108

District Office Manager

Hanna Robert J 7-8190

Cameron District Office

99 South Cameron Street, P.O. Box 1163

Harrisburg 17108

District Office Director

Jones Helen 7-2958

DELAWARE

S.E. Corner 12th and Crosby Streets

Chester 19013

215-876-5511

Executive Director

Rich Julia A

Social Service District

Seventh and Sproul, Chester

215-874-8621

Network Information: (333)3314

Director

Kane Joyce

ELK

218 Main Street, P.O. Box F

Ridgway 15853

Executive Director

Traynor Daniel J 814-776-1101

ERIE

1002 Peach Street, P.O. Box 958

Erie 16512

814-453-5661

Executive Director

Grande Ada J

FAYETTE

11 East Penn Street, Uniontown 15401

412-437-2831

Network Information: (665)5216

Executive Director

Davis Tyler

FOREST

May Street, P.O. Box 367

Tionesta 16353

Executive Director

Ei Mary S (Mrs) 814-755-3552

FRANKLIN

409 Chambersburg Trust Company Building

N.E. Corner Memorial Square

Chambersburg 17201

Executive Director

Thompson Karl L 717-264-6121

FULTON
*Penn Village Shopping Plaza
Route 16, P.O. Box 637
McConnellsburg 17233*

Executive Director
Abbott Eugene R 717-485-3151

GREENE
*35 South West Street, P.O. Box 312
Waynesburg 15370
Network: (678)4548*

Executive Director
Cowan John M 412-627-8171

HUNTINGDON
*1001-03 Washington Street, P.O. Box 398
Huntingdon 16652
Network: (483)1411*

Executive Director
DiSimoni Daniel C 814-643-1170

INDIANA
*1822 Route 286 South, Indiana 15701
412-357-2900*

Executive Director
Blair Sidney N

JEFFERSON
480 East Main Street, Reynoldsville 15851

Executive Director
Navarra Richard A 814-653-8225

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Mifflintown 17059*

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*326 Adams Avenue, Scranton 18503
717-961-4525
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Executive Director
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LANCASTER
*832 Manor Street, P.O. Box 659
Lancaster 17604
717-299-0731
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Gilger Charles G

LAWRENCE
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Executive Director
Pauline Michael A

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*50 North Ninth Street, P.O. Box 10
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Executive Director
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*Centre Square Building
11 North Seventh Street, Allentown 18101
215-821-6509
Network Information: (378)6509*

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Executive Director (Acting)
Jurnak Michael J

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United Services Agency
130 West Broad Street Hazleton 18201
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LYCOMING
*335 Rose Street, Williamsport 17701
717-326-2681
Network Information: (465)5336*

Executive Director
Chamberlin Charles L

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*90 Boylston Street, P.O. Box 16
Bradford 16701
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Mackowski Mary D 814-362-4671

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*3320 East State Street, P.O. Box 1042
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*103 North Seventh Street, Stroudsburg 18360
Network Information: (338)3030*

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Calogero Eugene J 717-424-3030

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*1950 Calamia Drive, Norristown 19401
215-631-2100
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Tandon Gudrun

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87 Northumberland Street, P.O. Box 278
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401-417 West Chestnut Street, Shamokin 17872
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Stovall Don Jose

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Boulevard District
191 West Hunting Park Avenue 19140
Network Information

Center District
667 North Broad Street 19123
Network Information

Deancey District
4415 Chestnut Street 19104
Network Information

Elmwood District
2416 Walnut Street 19103
Network Information

Federal District
1415 Catherine Street 19146
Network Information

Girard District
677 North Broad Street 19123
Network Information

Hill District
18 West Chelton Avenue 19144
Network Information

Jefferson District
918 North Broad Street 19130
Network Information

Lehigh District
22nd and Lehigh Streets 19132
Network Information

Medical Assistance District
5th Flr Phi SO 19130
Network Information

North District
2400 North Front Street 19133
Network Information

Ogontz District
5724 North Broad Street 19141
Network Information

Passyunk District
2514 South 24th Street 19145
Network Information

Ridge District
2925 North Broad Street 19132
Network Information

Snyder District
1012 South 12th Street 19147
Network Information

Tioga District
1038 Sedgley Avenue 19133
Network Information

Vine District
1400 Spring Garden Street 19130
Network Information

West District
500 Parkside Avenue 19103
Network Information

PIKE

111 West Harford Street, Milford 18337

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Brassington Wilmer I (487)2211

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Dushore 18614

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Four Maple Street, Montrose 18801

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103 West Avenue, P.O. Box 367
Wellsboro 16901

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27 South Fifth Street, Lewisburg 17837

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Styer Bruce F 717-524-2201

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Copenhaver Jesse R (659)3241

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222 Liberty Street, P.O. Box 397
Warren 16365
Network Information: (694)7521

Executive Director

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Washington 15301
412-228-4800
Network Information: (653)2220

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Smith Peter H

Dunora District

547 McKean Avenue, P.O. Box 192
Donora 15033
412-379-5700
Network Information: (670)4547

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110 Fourth Street, Honesdale 18431

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Condel Robert 717-251-118

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118 120 Harrison Avenue, P.O. Box 670
Greensburg 15601
412-834-6800

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412-684-5301

Income Maintenance Supervisor

Magone Jerry

New Kensington District Office

412-339-3501

Income Maintenance Manager

Bonidy Marie

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United Services Agency
R.D. 4, Box 490, Tunckhannock 18657

Executive Director

Genter Wilhelmina R (Mrs) . . . 717-836-5171

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130 North Duke Street, P.O. Box M-41
York 17405
717-771-4201
Network Information: (463)4211

Executive Director

Binder Mildred K

STATE SCHOOLS AND HOSPITALS

Cresson State School and Hospital
(Cambria County)
Cresson 16630
814-886-8111

Superintendent
Burrow Will H PhD

Eastern State School and Hospital
(Bucks County)
3740 Lincoln Highway
Treose 19047
215-671-4000
Network Information: (373)3474

Superintendent
Switzer Robert E MD

Ebensburg State School and Hospital
(Cambria County)
R.F.D. 1, Ebensburg 15931
814-472-7350

Superintendent
Herman Harry M

Hamburg State School and Hospital
(Berks County)
Hamburg 19526
215-562-7511
Network Information: (424)3011

Superintendent
Baumstein David J

Laurelton State School and Hospital
(Union County)
Laurelton 17835
717-922-3311
Network Information: (484)1011

Superintendent (Acting)
Power S Reeves PhD

Pennhurst State School and Hospital
(Chester County)
Spring City 19475
215-948-3500
Network Information: (332)2011

Superintendent
Youngberg C Duane EdD

Polk State School and Hospital
(Venango County)
Polk 16342
814-432-3171

Selinsgrove State School and Hospital
(Snyder County)
Selinsgrove 17870
717-374-2911

Superintendent
Scartelli Joseph J (498)3204

Western State School and Hospital
(Washington County)
333 Curry Hill Road, Canonsburg 15317
412-745-0700

Superintendent (Acting)
Scott Ruth L PhD

White Haven State School and Hospital
(Luzerne County)
White Haven 18661
717-443-9564

Superintendent
Bean Francis H EdD

RESEARCH AND TRAINING INSTITUTE

Eastern Pennsylvania Psychiatric Institute
(Philadelphia County)
Henry Avenue and Abbottsford Road
Philadelphia 19129
215-842-4000
Network Information: (339)4011

Director
Watson Ulysses E MD

RESTORATION CENTERS

South Mountain Restoration Center (Franklin County)

South Mountain 17261

717-749-3121

Network: (492)3313

Administrator
Maislin Isidore

Assistant Administrator
Downs Donald E

Medical Director
Kirk Daniel MD

Western Restoration Center (Allegheny County)

2851 Bedford Avenue, Pittsburgh 15219

412-683-5000

Administrator
Snyder Stanley E

Assistant Administrator
Milto George

Medical Director
Rosenthal Phillip J MD

STATE MENTAL HOSPITALS

Allentown State Hospital (Lehigh County)

Allentown 18103

215-821-6211

Superintendent
Roop John W MD

Assistant Superintendent for Medical and
Psychiatric Treatment
Mentell Harriet B

Assistant Director for Administration
Newhart Dale E

Assistant Director for Programs
Orr David H MD

Dixmont State Hospital (Allegheny County)

Sewickley 15143

412-761-1780

Superintendent
Weimer Robert E MD

Clarks Summit State Hospital (Lackawanna County)

P.O. Box 88, Scranton 18501

717-586-2011

Superintendent
Buxbaum Henry MD

Assistant Director for Administration
DiPipi Carmen

Danville State Hospital (Montour County)

Danville 17821

717-275-7011

Network: (457)7111

Superintendent
Gatski Robert L MD

Embreeville State Hospital (Chester County)

Coatesville 19320

215-486-0800

Assistant Director for Administration
Hilton Charles E

Farview State Hospital (Wayne County)

Waymart 18472

717-488-6111

Business Manager
Conmy Charles J

Harrisburg State Hospital
(Dauphin County)
Harrisburg 17105
717-787-9555
Hbg. Network Users Dial: 7-9555

Superintendent
Logan John B MD

Assistant Director for Administration
Reiner Henry

Haverford State Hospital
(Delaware County)
3500 Darby Road at College Avenue
Haverford 19041
215-525-9620

Superintendent
Fong John K DO

Hollidaysburg State Hospital
(Blair County)
Hollidaysburg 16648
814-695-9831

Superintendent
Bullard Ray E MD

C. Howard Marcy State Hospital
(Allegheny County)
Highland Drive, Pittsburgh 15206
412-665-2000
Network Information: (657)2000

Medical Director
Gallagher Daniel C

Mayview State Hospital
(Allegheny County)
Bridgeville 15017
412-343-2700
Network Information: (623)6011

Superintendent
Trivus Robert H MD

Norristown State Hospital
(Montgomery County)
Norristown 19401
215-631-2000

Superintendent
Hume John M MD

Philadelphia State Hospital
(Philadelphia County)
14000 Roosevelt Boulevard
Philadelphia 19114
215-671-4000
Network Information: (373)4149

Superintendent
Clarke Franklyn R MD

Retreat State Hospital
(Luzerne County)
Hunlock Creek 18621
717-735-6700
Network: (493)7011

Superintendent
Gittens G E MD

Somerset State Hospital
(Somerset County)
Somerset 15501
814-445-6501

Superintendent (Acting)
Orlidge Arthur E

Torrance State Hospital
(Westmoreland County)
Torrance 15779
412-459-8000

Superintendent
Hudson Robert M

Warren State Hospital
(Warren County)
P.O. Box 249, Warren 16365
814-723-5500

Superintendent
Reinhard Harold J MD

Wernersville State Hospital
(Berks County)
Wernersville 19565
215-678-3411

Superintendent
Lutz Wilbur M MD

Woodville State Hospital
(Allegheny County)
Carnegie 15106
412-923-1500

Superintendent
Kreinbrook Suzanne B MD (685)5200

LICENSED PRIVATE MENTAL RETARDATION FACILITIES

SOUTHEASTERN REGION

BUCKS COUNTY

Heston Hall
R. D. Woodside
Yardley, Pa. 19067

Pleasant Manor, Inc.
Cafferty Road
Pt. Pleasant, Pa. 18950

The Woods Schools
Langhorne, Pa. 19047

CHESTER COUNTY

Camphill Special Schools,
Beaver Run Unit
R. D. 1
Glenmoore, Pa. 19343

Evans, School, Inc.
Whitford & Clovermill Roads
Exton P.O.
Whitford, Pa. 19341

Ivy Mansion for Exceptional
Children
R. D. 2, Box 363
Pottstown, Pa. 19464

Merry Acres School, Inc.
R. D. 3, Buck Run Road
Coatesville, Pa. 19320

R-House
331 New Street
Spring City, Pa. 19475

St. Mary of Providence
Institute
Elverson, Pa. 19520

DELAWARE COUNTY

Don Guanella School
Sproul Road
Springfield, Pa. 19064

Elwyn Institute
Elwyn, Pa. 19063

The Melmark Home, Inc.
Wayland Road
Berwyn, Pa. 19312

Rosehill School
Llewlyn Drive
Chester Heights, Pa. 19017

MONTGOMERY COUNTY

Happy Hill
Pine Hill Box 314
Gwynedd Valley, Pa. 19437
Ken-Crest Centers for
Exceptional Persons
(River Crest School), Route 29
Mont Clare, Pa. 19453

The Lynch Home
205 Krewson Terrace
Willow Grove, Pa. 19090

PHILADELPHIA COUNTY

Greenwich Home for Children,
2601 S. Ninth Street
Philadelphia, Pa. 19148
Refuge Home for Retarded
Children
935 North 42nd Street
Philadelphia, Pa. 19104

Walker Memorial Training Center
6399 Drexel Road
Philadelphia, Pa. 19151

Pinehill Rehabilitation
Center, Inc.
9990 Verree Road
Philadelphia, Pa. 19115

NORTHEASTERN REGION

BRADFORD COUNTY

Martha Lloyd School, Inc.
West Main Street
Tory, Pennsylvania 16947

LACKAWANNA COUNTY

Allied Services for the
Handicapped, Inc.
(Lynette Village)
475 Morgan Highway
Scranton, Pa. 18508

Keystone Training & Rehabilitation
Residence, Inc.
406 North Washington Avenue
Scranton, Pa. 18503

1417 Linden
1417 Linden Street
Scranton, Pa. 18510

St. Joseph's Children's &
Maternity Hospital
2010 Adams Avenue
Scranton, Pa. 18509

Stillmeadow Home for Exceptional
Children
R. D. 1
Jermyn, Pa. 18433

William Warren Scranton
Residentail Training Center
475 Morgan Highway
Scranton, Pa. 18508

MONROE COUNTY

Keystone Training & Rehabilitation
Residence
(Pocono Mountain Unit)
R. D. #1
Gouldsboro, Pa.

Pocono Developmental Center, Inc.
Stroudsburg, Pa. 18360

CENTRAL REGION - Camp Hill

ADAMS COUNTY

Children's Developmental
Center, Inc.
Abbottstown, Pa. 17301

DAUPHIN COUNTY

Children Care Center
R. D. #3
Hummelstown, Pa..

LANCASTER COUNTY

Kiefer Training Center
R. 1
Leola, Pa. 17540

LEBANON COUNTY

Sherwood Hall, Inc.
Box 7380
Grantville, Pa. 17028

CENTRAL REGION - Hollidaysburg

CAMBRIA COUNTY

Pine View Training Center
P. O. Box 89
Cresson, Pa. 16630

HUNTINGDON COUNTY

Nelson House
Spruce Creek, Pa. 16683

WESTERN REGION

ALLEGHENY COUNTY

Allegheny Valley School for
Exceptional Children

1992 Ewing Mill Road
Corapolis, Pa. 15108

St. Anthony School for
Exceptional Children
Hulton Road & 13th Street
Oakmont, Pa. 15139

ARMSTRONG COUNTY

Sugar Creek Home
R. D. #1
Cowansville, Pa. 16218

BEAVER COUNTY

McGuire Memorial Home
2119 Mercer Road
New Brighton, Pa. 15066

Passavant Memorial Home for the
Care of Epileptics, Inc.
Box 189
Rochester, Pa. 15074

BUTLER COUNTY

Children's Rehabilitation Center
R. D. #6, Dinnerbell Road
Butler, Pa. 16001

Pry Home
R. D. #2
West Sunbury, Pa. 16061

CRAWFORD COUNTY

Mitchell Home
Atlantic, Pa. 16111

ERIE COUNTY

Erie Infants' Home and Hospital
226 East 27th Street
Erie, Pa. 16504

WESTMORELAND COUNTY

Clelian Heights School for
Exceptional Children
R. D. #3, Box 304A
Greensburg, Pa. 15601

EDUCATION

*Education Building
Harrisburg 17120*

*General Information 7-6894
Personnel Information 3-8114
Public Information 7-6894*

SECRETARY
Pittenger John C 317 EB

Special Assistant to Secretary
Deasy Dick 317 EB . . .

BUREAU OF SPECIAL AND COMPENSATORY EDUCATION

Director
Moody Ferman 487 EB

Administrative Assistant and Secretary to Director
Hubbard Linda 488 EB

Coordinator for Administrative Services
Dornsife Robert S 465 EB

Division of Special Education

Chief
Ohrtman William F 464 EB

Secretary to Chief
Barbato A Jean 465 EB

Administrative Officer
McCarty Richard H 465 EB

Visually Handicapped Programs - Regional Advisor
Long Elinor H 486 EB

Speech and Hearing Programs - Regional Advisor
Warkowski Robert C 467 EB

Educable (Elementary) and Trainable Mentally
Retarded Programs - Regional Advisor
Demanczyk Russell P 467 EB

Educable (Secondary) Mentally Retarded Programs
- Regional Advisor
Lantzer Joseph N 486 EB

Socially and Emotionally Disturbed Programs -
Regional Advisor
Manning Bernie H 467 EB

Federal Projects - Advisor
Gilvear Elaine E 466 EB

Federal Program Specialist
Thornton Carl 466 EB

Administrative Officer for Federal Projects
Hobaugh Henry E 466 EB

Regional Advisor and Part D Programs Coordinator
Grotsky Jeffery 467 EB

Right to Education Office
Box 911, 123 Forster Street 17126

Gifted Programs - Coordinator and Adviser
Bingaman T Noretta

Right to Education - Regional Advisers
Chavious Antoinette
O'Connor Linda

In-Service Training Adviser

Regional Advisers
Heyman Nancy
Thompkins John

Detention Homes, Physically Handicapped, Brain,
SED Injured and Homebound Instruction Programs
- Regional Advisor
Severns George

OFFICE OF BASIC EDUCATION

Deputy Secretary and Commissioner
Manchester Frank S 333 EB

Secretary to Commissioner
Zeigler Carol C 333 EB

Deputy Commissioner
Gerlach Harry K 336 EB

Secretary to Deputy
Einzig Jean S 334 EB

Administrative Officer
George Nickey 337 EB

Administrative Assistant
Woolridge Ann 337 EB

Special Assistant to the Commissioner - Right to
Education
Makuch Gary 338 EB

OFFICE OF LOCAL DISTRICTS AND INTERMEDIATE UNITS

Piatt Robert 341 EB
Benedetto Harry 341 EB

Educational Services Representative
Boyd Bertha P 339 EB

Division of Compensatory Programs

Chief
Dallam William M 581 EB

Secretary to Chief
Smeltz Nancy 581 EB

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Schmelzlen Kenneth H 581 EB

Basic Education Advisors
Berner Clarence T 520 EB
Brown Jacqueline 520 EB
Dunn Joseph E 520 EB
Holmes James 520 EB
Hope Karl E 520 EB
Martin Robert E 520 EB
Schurtz A Thomas 520 EB
Sheffer James 520 EB

Vocational Education Program
Operations Division

Chief

Edwards Robert D 116 ExH

Secretary

Thompson Alberta 116 ExH

Special Emphasis Program Section - Chief

Herr Carl E 116 ExH

Consultant for Disadvantaged and Handicapped

Grubb Wayne 116 ExH

Consultant for Work Study, Exemplary Programs
and Cooperative Education

Burchfield Robert 116 ExH

Secretary

Kope Anita 116 ExH

Area Vocational-Technical Schools - Chief

Hanawalt Frank 116 ExH

Division of Interdisciplinary Programs

Chief

McLain Helen A 535 EB

Early Childhood Education Adviser

Garman Charlotte G 527 EB

Environment Education Advisers

Bennett Eleanor H 525 EB

Schwille Robert W 525 EB

Health and Physical Education Advisers

Boelhouwer Douglas 526 EB

Carr Joseph R 526 EB

Register Vernon L 526 EB

School Safety Education Advisers

Markish John 536 EB

Pfaff John E 536 EB

Rajtik John G 536 EB

Smith William J 536 EB

Teyssier Howard 536 EB

Division of Adult Education

Chief

Matthews Ethel K 104 ExH

Adult Basic Education Section - Chief

Troy Clair 104 ExH

Adult Basic Education - Advisers

Jones Gordon 104 ExH

Vacant 104 ExH

General Adult and Recreation Section - Chief

Sittman Jack 104 ExH

Secretary

Sgrignuoli Conchetta 104 ExH . . .

Retraining Section (CETA) - Chief

Podvia M Wayne 106 ExH

HEALTH

OFFICE OF REGIONAL AND LOCAL HEALTH

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Harrisburg 17120*

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Personnel Information 7-2959
Public Information 7-1783*

Secretary to Commissioner
Harris Karen Y 805 H&WB

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Bachman Leonard MD 802 H&WB

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215-865-2671

Jim Thorpe State Health Center
23-25 Broadway 717-325-2781

Lansford State Health Center
209 East Bertsch Street 717-645-5254

Pottsville State Health Center
420 North Centre Street
717-622-8181

Reading State Health Center
300 Kenhorst Boulevard
215-378-4377

Shenandoah Health Center
114 North West Street 717-462-1250

Stroudsburg State Health Center
519 Sarah Street
717-424-3020

Kingston District
*383 Wyoming Avenue 18704
717-825-7511
Network: (493)3369
Answering Service: 717-288-6474*

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District Medical Director
Dainius Alfonsas MD
717-824-4185

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Dushore State Health Center
110 German Street 717-928-8642

Hazleton Health Center
Room 6, City Hall
717-454-7741

Honesdale State Health Center
615 Erie Heights 717-253-3730

Milford State Health Center
111 West Harford Street 717-296-6512

Montrose State Health Center
Colonial Hall 717-278-3889

Pittston Health Center
48-50 South Main Street 717-654-4111

Sayre Health Center
421 North Keystone Avenue . . 717-884-7103

Scranton State Health Center
Chamber of Commerce Building
421 Mulberry Street
717-961-4567

Susquehanna Health Center
Barnes-Kasson Community Hospital
400 Turnpike Street 717-853-4870

Towanda State Health Center
Colonial Plaza Shopping Center
387 York Avenue Extension . . 717-265-2194

Tunkhannock State Health Center
68 Bridge Street 717-836-2981

Wellsboro State Health Center
Five East Avenue 717-724-2911

Wilkes-Barre State Health Center
100 Hazle Street
717-825-7511 Ext 3511

Region III Office
733 Health and Welfare Building
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2990 Jefferson Street 17110
717-787-8092
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Kcenich William

District Medical Director
Rakow Alexander B DO

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Baker Carl M

Carlisle State Health Center
425 East North Street 717-243-5151

Chambersburg State Health Center
518 Cleveland Avenue 717-263-4143

Gettysburg State Health Center
103 West Middle Street 717-334-2112

Harrisburg State Health Center
2990 Jefferson Street
717-787-8842
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Lancaster State Health Center
439 East King Street
717-299-3621

Lebanon State Health Center
404 Municipal Building
400 South Eighth Street
717-272-2044

Newport State Health Center
121 North Fourth Street 717-567-6555

York State Health Center
130 North Duke Street
717-771-3561

Williamsport District
734 West Fourth Street 17701
717-326-2681

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Buzzerd Harry W MD

Administrative Officer
Larnade Richard H

Bellfonte State Health Center
110 South School Street
814-355-5438

Bloomsburg State Health Center
1121 Old Berwick Road
717-389-3512

Danville State Health Center
415 Mill Street 717-275-1161

Lewisburg State Health Center
29 South Fifth Street 717-523-1124

Lock Haven State Health Center
Susque-View Home
129 Susquehanna Avenue
717-748-2901

Middleburg State Health Center
212 Winey Avenue 717-837-5915

Shamokin Health Center
Two East Sunbury Street 717-648-7241

Sunbury State Health Center
247 Pennsylvania Avenue
717-286-4589

Williamsport State Health Center
224 East Fourth Street
717-326-2681

Lewistown District
29 Chestnut Street 17044
717-248-6785

District Director
Geiger Maurice D Jr DDS

Administrative Officer
Harner Samuel J Jr

Altoona State Health Center
Cricket Field Plaza
615 Howard Avenue
814-946-0861

Bedford State Health Center
Bedford Professional Building
130 West Penn Street 814-623-4518

Ebensburg State Health Center
120 South Center Street
814-472-9000

Huntingdon State Health Center
905 Washington Street
814-643-3700

Johnstown Health Center
Conemaugh Valley Memorial
Hospital
814-535-6711

Lewistown State Health Center
Three North Dorcas Street
717-242-1452

McConnellsburg State Health Center
206½ Lincoln Way East 717-485-3818

Port Royal State Health Center
Market Street 717-527-4185

Somerset State Health Center
116 West Patriot Street
814-445-7981

Region IV Office
514 Pittsburgh State Office Building
300 Liberty Avenue 15222
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412-565-5549

Bridgewater State Health Center
1445 Market Street
412-774-5148

Butler State Health Center
Building 79, VA Hospital 412-287-1769

Connellsville State Health Center
110 South Arch Street 412-628-2250

Greensburg State Health Center
115 West Otterman Street
412-834-6800

Indiana State Health Center
125 North Fifth Street
412-357-2995

Kittanning State Health Center
303 Courthouse 412-545-5201

Monessen Mon Valley State Health Center
Eastgate 8
412-684-8500

Uniontown State Health Center
212 Fayette Bank Building
412-437-0300

Washington State Health Center
87 East Maiden Street
412-222-2620

Waynesburg State Health Center
32 Church Street 412-627-3168

Meadville District
996 South Main Street 16335
814-336-1191

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Sellers Frank Jr PhD

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Bradford State Health Center
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137 North Bennett Street 814-362-2203

Clarion State Health Center
708 Main Street
814-226-7180

Clearfield State Health Center
807 Turnpike Avenue
814-765-5361

Coudersport State Health Center
353 East Second Street 814-274-8270

DuBois State Health Center
28 East Scribner Avenue 814-371-8890

Emporium State Health Center
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Franklin State Health Center
409 Trust Company Building
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Two Thompson Park 814-837-7680

Meadville State Health Center
158 Park Avenue Plaza 814-337-1208

New Castle State Health Center
101 South Mercer Street
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Tyson Patricia A MSW 807 H&WB . . .

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BUREAU OF ADULT HEALTH SERVICES
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407 South Cameron Street

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Bogar Marsh M 832 H&WB

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Personnel Information 7-2459
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Don Shirley Rae 1311 L&IB 7-5476

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Mathias James D 1317 L&IB 7-5477

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Wadlinger Henry E

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*225 Jones Street
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Friske Jay

Assistant Administrator

Convery Francis

District Medical Administrator

Lloyd Preston C MD

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Philadelphia 19130

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Nolan John

Assistant Administrator

Chernow Ricki

District Medical Administrator

McGeary Francis J MD

Rosemont District

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Rosemont 19010

Administrator

Iacurto Julius

Assistant Administrator

Breeden Wanda

District Medical Administrator

McClmans Frank E MD

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Assistant Administrator

Seleski Leonard A

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Assistant Administrator

Brem John

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136 Kline Village
25th and Market Streets
Harrisburg 17104

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Birt Jay

Assistant Administrator

Jacobs Cecelia E

District Medical Administrator

Roscoe Robert E MD

Reading District

533 Penn Street
Reading 19601

District Administrator

Jones Ezra C

Assistant Administrator

Kohl Kermit

District Medical Administrator

Maiorana S LeRoy MD

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13 East South Street, P.O. Box 1105
Wilkes-Barre 18703

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McKeown S

Assistant Administrator

Koval Edward

District Medical Administrator

Korn John J MD

York District

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Kingston Center, York 17402

District Administrator

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Assistant Administrator

Funk John

District Medical Administrator

Vacant

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Guise Harry

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*1101 Green Avenue
Altoona 16601*

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Buydos Frank

Assistant Administrator
Shey Robert

District Medical Administrator
Mattas Oliver E MD

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*Deposit National Bank Building
DuBois 15801*

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Davenport L H MD 814-371-7340

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Assistant Administrator
Lorenzi Errico

District Medical Administrator
Sewak Michael E MD

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Williamsport 17701*

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Miller Charles

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Martin Don

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Pollock Michael

District Medical Administrator
Selkovits Sioney C MD

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Wood William

District Medical Administrator
Dusckas John J MD

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New Castle 16101*

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PENNSYLVANIA REHABILITATION CENTER
727 Goucher Street
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Latz Adolph

Assistant Administrator
Hanwell Regis

Training Director
Deuorick James

Medical Director
Cardellino Thomas MD

**OFFICE OF EXECUTIVE DIRECTOR
BUREAU OF EMPLOYMENT SECURITY**

Executive Director
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Administrative Assistants
Yohe Christine D 1720 L&IB
Wachtman Bernice 1720 L&IB
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BUREAU OF EMPLOYMENT SECURITY

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District Manager
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Assistant District Manager - UC
Rhoads George O Sr

Assistant District Manager - ES
Jennings Mary S

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Snyder Alvin H

ALTOONA
1101 Green Street 16603

Employment Service

District Manager
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AMBRIDGE
1013 Merchant Street 15003

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BEAVER FALLS
814 Fifteen Street 15010

Employment Service

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Travers Florence S

BERWICK
118 East Third Street 18603

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Martini Victor J

BRADDOCK
1206 Braddock Avenue 15104

Employment Service

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Gordon Dorothy

CHARLEROI
1300 McKean Avenue 15022

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Popovec John

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66 North Church Street 18407

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McDonnell Francis X

CARNEGIE *
140 East Mall Plaza 15106

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O'Donnell Aloysius T

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420 Wood Street 16214

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Local Office Manager
Potts John W

CLEARFIELD
209 East Locust Street 16830

Employment Service

Local Office Manager
Sawtelle John W

COATESVILLE
250 East Harmony Street 19320

Employment Service

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Brango Neil C

CONNELLSVILLE
301 South Arch Street 15425

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Vacant (688)5356

EAST STROUDSBURG
263 South Courtland Street 18301

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ERIE
1316 State Street 16501

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227 West Otterman Street 15601

Employment Service

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1800 North Second Street 17121

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Zalesky Edward (447)8726

HAZLETON
75 North Laurel Street 18201

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Garrity Joseph J

HONESDALE
100 Fourth Street 18431

Employment Service

Local Office Manager
Dunne Gloria A

HUNTINGDON
501 Washington Street 16652

Employment Service

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Smith Robert L

JIM THORPE
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Employment Service

Local Office Manager
Slivka Michael

JOHNSTOWN
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Network Information (682)3379

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LANCASTER
225 North Lime Street 17604

Employment Service

Local Office Manager
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LATROBE
324 McKinley Avenue 15650

Employment Service

Local Office Manager
Wilcznski Dom A

LEWISTOWN
31 Chestnut Street 17044

Employment Service

Local Office Manager
Huffnagle John L

LOCK HAVEN
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Employment Service

Local Office Manager
Winters Richard E

McKEESPORT
627 Lysle Boulevard 15132

Employment Service

Local Office Manager
Bergen Eugene D

MILTON
45 Locust Street 17847

Employment Service

Local Office Manager
Richards Bernard E

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1307-9 Pgh SO 15222 . . .

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Girdwood Oliver L

1307-9 Pgh SO 15222

Assistant District Manager -

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1307-9 Pgh SO 15222 .

Chief - UC Operations

Taimuty Edward

1307-9 Pgh SO 15222 . .

Chief - Special Programs

McCullough Henry D

1307-9 Pgh SO 15222 . .

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SHARON

663 East State Street 16146

Employment Service**Local Office Manager**

Davis John J Jr

SHENANDOAH

201 West Lloyd Street 17976

Employment Service**Local Office Manager**

Hendricks William

SOMERSET

100 West 11th Street 18882

Employment Service**Local Office Manager**

Robert

STATE COLLEGE

112 West 10th Ave

Employment Service**Local Office Manager**

Solic John

SUNBURY

535 Chestnut Street 17001

Employment Service**Local Office Manager**

Erdman Byron O

TAMAQUA

201 East Broad Street 15207

Employment Service**Local Office Manager**

Klitsch Carl J

UNIONTOWN

32 High Street 15701

*Network Information: (684)2222***Employment Service****Local Office Manager**

Zack Frank N

UPPER DARBY

6706 Garden Court Road 19122

Employment Service**Local Office Manager**

Martino Louis J

WARREN

237 Pennsylvania Avenue West 16062

Employment Service**Local Office Manager**

Donick Andrew J

WASHINGTON

75 East Maiden Street 19080

Employment Service**Local Office Manager**

Curian Justin A

WILKES BARRE

32 East Union Street 18701

*Network Information: (494)2222***Employment Service****Local Office Manager**

Peters Fred J

TRANSPORTATION

*Transportation and Safety Building
Harrisburg 17120*

*Personnel Information 7-2838
Public Information 7-2440
Telecommunications Officer 3-8881*

EXECUTIVE OFFICE

SECRETARY OF TRANSPORTATION

Sherlock William H 1200 T&SB

Secretary to Mr Pulakos

Shope Jacqueline 1200 T&SB

Executive Receptionist

Deputy Secretary for Administration

Pulakos George 1220 T&SB

Secretary to Deputy Secretary

Nichols Evelyn E 1220 T&SB

Deputy Secretary for Highway Administration

Sims David C PE 1200 T&SB

Secretary to Mr Sims

Ruby Edna 1200 T&SB

DEPUTY SECRETARY FOR LOCAL AND AREA TRANSPORTATION

Deputy Secretary

Tennyson Edson L 1220 T&SB

Secretary to Mr Tennyson

Anderson Virginia 1220 T&SB

Mass Transit Systems

Director

Underwood William C 1215 T&SB . . . 7-3921

Urban Mass Transportation Division

Bickhart Edwin W 1215 T&SB 7-7541

McCoy E Grant 1215 T&SB 7-7541

Swindler John C 1215 T&SB 7-7541

Davis Drew K 1215 T&SB 7-7541

Capital Grants

Stage William G 1215 T&SB 7-7541

Special Projects Division

Free Transit Program for Senior Citizens

Millar William W 1215 T&SB 7-7540

Dallmeyer Kenneth E 1215 T&SB . . . 7-7540

ENVIRONMENTAL RESOURCES

*Evangelical Press Building
Third and Reily Streets
Harrisburg 17105*

General Information 7-2814

Personnel Information 7-1443

Public Information 7-2657

Telecommunications Officer 3-1734

SECRETARY

Goddard Maurice K 202 EP

Secretary to Mr Goddard

Howard Nellie S 202 EP

BUREAU OF STATE PARKS

B-11 Evangelical Press Building

Director

Forrey William C

Division of Program Services and Operations

Chief

Klingman R E

Program Services Section

Kaufman George H

Operations

Naylor John R

OFFICE OF PUBLIC INFORMATION

*Evangelical Press Building
Third and Reily Streets
Harrisburg 17105*

Director

Hope John G 203 EP

Information Specialists

Miller Robert G 203 EP

Nerenberg Gloria A 203 EP

PUBLIC INFORMATION

Director

Remaly John S 109 T&SB 7-2440

Information Staff

Campbell William 109 T&SB 7-2440

Hurwick Carolyn 109 T&SB 7-2440

McFadden Daniel 109 T&SB 7-2440

Pavlak Eric 109 T&SB 7-2440

PENNSYLVANIA REHABILITATION ASSOCIATION

OFFICERS

Elected April 1976 - 2 Year Terms

PRESIDENT	*Dorothy B. Columbus 3120 W. School House Lane Jefferson Building, C-10 Philadelphia, PA 19144 (215) VI 8-2774 (home) (215) 596-1295 (office)	Region I
PRESIDENT-ELECT	*Barton G. Blakeslee 829 Jackson Street Reynoldsville, PA 15851 (Goodwill Industries of North Central Pennsylvania, Inc.) (814) 653-8174 (home) (814) 371-2821 (office)	Region VI
TREASURER	*Charles T. Theal Camelot Village 3031 Guineveers Drive, Apt. A-1 Harrisburg, PA 17110 (717) 652-0543	Region III
SECRETARY	*Elizabeth J. Hamilton 191 Presidential Boulevard Apartment 219 Bala Cynwyd, PA 19004 (215) 667-0546 (home) (215) 854-4376 (office)	Region I
IMMEDIATE PAST PRESIDENT and REGIONAL REPRESENTATIVE	*Lloyd O. Grove 122 West York Street Dillsburg, PA 17019 (717) 432-3413	Region III

EXECUTIVE BOARD

		<u>Term Expires</u>
Region I	Albert Bussone Elwyn-West Phila. Rehab. Center 4017 Ludlow Street Philadelphia, PA 19104 (215) 386-2700 (office) (302) 798-2489 (home)	April, 1977
	Elizabeth J. Hamilton	April, 1978
	Stephen R. Nasuti 2008 S. Chadwick Street Philadelphia, PA 19145 (Bureau of Vocational Rehabilitation) (215) HO 5-3129 (home) (215) 238-6296 (office)	April, 1979

PENNSYLVANIA REHABILITATION ASSOCIATION

-2-

EXECUTIVE BOARD (Cont'd)

Region II

Malcolm J. Law, Administrator
Bureau of Vocational Rehabilitation
13 East South Street
Wilkes-Barre, PA 18711
(717) 825-7511

Term Expires

April, 1977

Dr. Joseph A. Szuhay
University of Scranton
Linden & Monroe Streets
Scranton, PA 18510
(717) 961-7633 (office)
(717) 587-3754 (home)

April, 1978

Carl Odhner
Director of Vocational Rehabilitation
Good Shepherd Rehabilitation Workshop
820 South 5th Street
Allentown, PA 18103
(215) 433-3273 Ext. 73

April, 1979

Region III

Colonel David Farr
17 Old Depot Road
New Cumberland, PA 17070
(717) 774-0510

April, 1977

William E. Graffius, Executive Dir.
Easter Seal Society for Crippled
Children and Adults
P. O. Box 497, Fulling Mill Road
Middletown, PA 17057
(717) 939-7801 (office)
(717) 761-2817 (home)

April, 1978

Charles T. Theal

April, 1979

Region IV

Jean O. Britton, Ph.D.
Pennsylvania State University
314 Social Science Building
University Park, PA 16802
(814) 865-3427 or 28 (office)
(814) 238-4239 (home)

April, 1977

F. Keith Shields
Skills of Central Pennsylvania, Inc.
50 Valley Street
Lewistown, PA 17044
(717) 242-0313 (office)
(717) 248-2381 (home)

April, 1978

PENNSYLVANIA REHABILITATION ASSOCIATION

-3-

EXECUTIVE BOARD (Cont'd)

Term Expires

Nick Fraska, Jr.
Bureau of Vocational Rehabilitation
241 Franklin Street
Johnstown, PA 15901
(814) 536-8791

April, 1979

Region V

Peggy J. Underwood
Goodwill Industries of
Fayette County
333 Pennsylvania Avenue
Uniontown, PA 15401
(412) 437-9878

April, 1977

John L. Bernard
Bureau of Vocational Rehabilitation
75 East Maiden Street
Washington, PA 15301
(412) 228-1800 (office)
(412) 356-7935 (home)

April, 1978

Frederick A. Enck, Executive Director
United Cerebral Palsy Assn. of the
Pittsburgh District
House Bldg., 4 Smithfield Street
Pittsburgh, PA 15222
(412) 261-5831 (office)
(412) 833-7023 (home)

April, 1979

Region VI

Barton G. Blakeslee

April, 1977

Ross D. Donahue
218 So. State Street
DuBois, PA 15801
(814) 371-1719 (home)
(814) 371-7340 (office)

April, 1978

Thomas A. Scully
312 Euclid Avenue
Erie, PA 16511
(Dr. Gertrude Barber Center)
(814) 456-1293 (home)
(814) 456-5345 (office)

April, 1979



**THE EASTER SEAL SOCIETY FOR
CRIPPLED CHILDREN AND ADULTS
OF PENNSYLVANIA**

P. O. Box 497, R.D. #1,
Fulling Mill Road, Middletown 17057
Phone: Area Code 717-939-7801
Executive Director: William E. Graffius

ADAMS COUNTY

THE EASTER SEAL SOCIETY FOR
CRIPPLED CHILDREN AND ADULTS OF
ADAMS COUNTY

Contact: Executive Secretary (part-time):
Mrs. Kenneth Fair
117 Baltimore Street, Gettysburg 17325
Phone: Area Code 717-334-8331 or 334-3839

ALLEGHENY COUNTY

THE EASTER SEAL SOCIETY FOR CRIPPLED
CHILDREN AND ADULTS OF
ALLEGHENY COUNTY

110 7th Street, Pittsburgh 15222
Phone: Area Code 412-281-7244

Contact: Executive Director: Andrew J. Wasko

ARMSTRONG COUNTY

EASTER SEAL SOCIETY FOR CRIPPLED
CHILDREN AND ADULTS OF
ARMSTRONG COUNTY

910 4th Avenue, Ford City 16226
Phone: Area Code 412-763-2881

Contact: Executive Director: Miss Jennie Lee Morgan

BEAVER COUNTY

THE EASTER SEAL SOCIETY FOR CRIPPLED
CHILDREN AND ADULTS OF
BEAVER COUNTY, INC.

P.O. Box 337, Dutch Ridge Road, Beaver 15009
Phone: Area Code 412-774-6494

Contact: Executive Director: Mrs. Karen S. Lynch

BEDFORD COUNTY

THE EASTER SEAL SOCIETY FOR CRIPPLED
CHILDREN AND ADULTS OF
BEDFORD COUNTY, INC.

Contact: Executive Secretary (part-time):
Mrs. Catherine Matulnes
Court House Annex, Bedford 15522
Phone: Area Code 814-623-8339

BERKS COUNTY

EASTER SEAL SOCIETY FOR CRIPPLED
CHILDREN AND ADULTS OF BERKS COUNTY
(New address — Fall, 1972)

Brookline Plaza & Liggett Ave., Reading
19602

Special Education Center, Old Wyomissing Road
and Parkside Drive, South
Box 76, Reading 19603

Phone: Area Code 215-375-9147

Contact: Executive Director: Miss Janet M. Dicks

BLAIR COUNTY

THE EASTER SEAL SOCIETY FOR
CRIPPLED CHILDREN AND ADULTS OF
BLAIR COUNTY

501 Valley View Blvd., Altoona 16602
Phone: Area Code 814-944-5014

Contact: Executive Director: Mrs. Marian McNelis

BRADFORD COUNTY*

BRADFORD-SULLIVAN COUNTY SOCIETY
FOR CRIPPLED CHILDREN AND ADULTS

Contact: Executive Director (part-time):
Mrs. William Lafferty
R. D. #1, Towanda 18848
Phone: Area Code 717-265-6373

BUCKS COUNTY

(See PHILADELPHIA SOCIETY for complete ser-
vice listing)

EASTER SEAL REHABILITATION CENTER
2400 Trenton Road, Levittown 19056
Phone: Area Code 215-Windsor 5-1543

BUTLER COUNTY

THE EASTER SEAL SOCIETY FOR CRIPPLED
CHILDREN AND ADULTS OF
BUTLER COUNTY, INC.

(New address -- September, 1972:
Deshone Veterans Hospital, Building 69, P. O. Box 3
New Castle Rd., Butler 16001)

424 North McKean Street, Butler 16001

Phone: Area Code 412-285-9700

Contact: Executive Director: Lawrence P. Rager, Jr.

CAMBRIA COUNTY

EASTER SEAL SOCIETY FOR CRIPPLED
CHILDREN AND ADULTS OF
CAMBRIA COUNTY, INC.

P.O. Box 404, 232 Walnut Street,
Johnstown 15907

Phone: Area Code 814-535-5508

CARBON COUNTY

(See LUZERNE COUNTY — Hazleton Area and
Carbon County for complete service listing)

BRANCH UNIT OF EASTER SEAL SOCIETY
OF HAZLETON AREA AND CARBON COUNTY
13 West Catawissa Street
Nesquehoning 18240

CENTRAL PENNSYLVANIA SOCIETY

THE EASTER SEAL SOCIETY FOR CRIPPLED
CHILDREN AND ADULTS OF
CENTRAL PENNSYLVANIA.

(Serving Columbia, Montour, Snyder, Union and
Upper Northumberland Counties.)

Child Development Center

Rear, 215 West 5th Street, Bloomsburg 17815

Phone: Area Code 717-784-7678

Contact: Executive Director: Mrs. Doris Molter

CENTRE COUNTY

EASTER SEAL SOCIETY FOR CRIPPLED
CHILDREN AND ADULTS OF
CENTRE-CLINTON COUNTIES

1300 Allen Street, State College 16801

Phone: Area Code 814-238-4434

Contact: Executive Director: Glenn H. Dunklebarger

CHESTER COUNTY

(See PHILADELPHIA SOCIETY for complete service listing)

EASTER SEAL TREATMENT CENTER

56 West Lancaster Avenue

Downingtown 19335

Phone: Area Code 215-262-1191

CLEARFIELD COUNTY

THE EASTER SEAL SOCIETY FOR CRIPPLED CHILDREN AND ADULTS OF CLEARFIELD COUNTY

Contact: Executive Secretary (part-time):

Mrs. Mary B. McGoey

P.O. Box 462, Clearfield 16830

Phone: Area Code 814-765-3794 or 765-4459

CRAWFORD COUNTY

THE EASTER SEAL SOCIETY FOR CRIPPLED CHILDREN AND ADULTS OF CRAWFORD COUNTY

P.O. Box 193, 657 Pine Street, Meadville 16335

Phone: Area Code 814-332-6244

Contact: Executive Secretary (part-time):

Mrs. Elliot Lindquist

DELAWARE COUNTY

(See PHILADELPHIA SOCIETY for complete service listing)

EASTER SEAL TREATMENT CENTER

468 North Middletown Road, Media 19063

Phone: Area Code 215-565-0950

ELK COUNTY

ELK COUNTY SOCIETY FOR CRIPPLED CHILDREN AND ADULTS, INC.

Johnsonburg Road, Rt. 255, P.O. Box 422, St. Marys, 15857

Phone: Area Code 814-834-2535 or 834-3535

Contact: Executive Secretary: Mrs. Irene C. Wegemer

ERIE COUNTY

ERIE COUNTY CRIPPLED CHILDREN'S SOCIETY, INC.

101 East Sixth Street, Erie 16507

Phone: Area Code 814-456-5394

Contact: Executive Director: Miss Emma A. Matthews

FAYETTE COUNTY

THE EASTER SEAL SOCIETY FOR CRIPPLED CHILDREN AND ADULTS, INC. OF FAYETTE COUNTY

141 Oakland Avenue, Uniontown 15401

Phone: Area Code 412-437-4017

Contact: Executive Director: Harry C. Needham

FRANKLIN COUNTY

THE EASTER SEAL SOCIETY FOR CRIPPLED CHILDREN AND ADULTS OF FRANKLIN COUNTY

34 Roadside Avenue, Waynesboro 17268

Phone: Area Code 717-762-5315

Contact: Executive Director: Richard Nye

FULTON COUNTY*

FULTON COUNTY SOCIETY FOR CRIPPLED CHILDREN AND ADULTS

Contact: President: Harvey Gregory

Big Cove Tannery, Pa. 17212

HUNTINGDON COUNTY

THE EASTER SEAL SOCIETY FOR CRIPPLED CHILDREN AND ADULTS OF HUNTINGDON COUNTY

401 Penn Street, P.O. Box 115

Huntingdon 16652

Phone: Area Code 814-643-5724 or 643-1543

Contact: Executive Secretary (part-time):

Mrs. G. Donald Fisher

INDIANA COUNTY

INDIANA COUNTY SOCIETY FOR CRIPPLED CHILDREN AND ADULTS, INC.

Contact: Executive Director (part-time):

Miss Ruth M. Rink

690 Virginia Ave., Indiana 15701

Phone: Area Code 421-465-8677

JEFFERSON COUNTY

THE EASTER SEAL SOCIETY FOR CRIPPLED CHILDREN AND ADULTS OF JEFFERSON - CLARION COUNTIES

103 North Gilpin St., P.O. Box 132,

Punxsutawney 15767

Phone: Area Code 814-938-6750

Contact: Executive Secretary:

JUNIATA COUNTY*

JUNIATA COUNTY SOCIETY FOR CRIPPLED CHILDREN AND ADULTS

Contact: Secretary: Mrs. Roy Armstrong

Box 125, R.D. #1, Port Royal 17082

Phone: Area Code 717-527-4561

LANCASTER COUNTY

THE EASTER SEAL SOCIETY FOR CRIPPLED CHILDREN AND ADULTS OF LANCASTER COUNTY

630 Janet Avenue, Lancaster 17601

Phone: Area Code 717-393-0425

Contact: Executive Director: John A. Sippel, Jr.

LAWRENCE COUNTY

LAWRENCE COUNTY SOCIETY FOR CRIPPLED CHILDREN AND ADULTS

2715 Ellwood Road, New Castle 16101

Phone: Area Code 412-658-4539

Contact: Executive Director: James J. Vento

LEBANON COUNTY

EASTER SEAL SOCIETY FOR CRIPPLED CHILDREN AND ADULTS OF LEBANON COUNTY

1140 East Chestnut Street, Lebanon 17042

Phone: Area Code 717-273-7351

Contact: Executive Director: L. Bruce Henderson

LEHIGH COUNTY

LEHIGH VALLEY SOCIETY FOR CRIPPLED CHILDREN AND ADULTS, INC. (Serving Lehigh and Northampton Counties)

2200 Industrial Drive, Bethlehem 18017

Phone: Area Code 215-866-8092

Contact: Executive Director: Harry S. Diehl

LUZERNE COUNTY

THE EASTER SEAL SOCIETY FOR CRIPPLED CHILDREN AND ADULTS OF HAZLETON AREA AND CARBON COUNTY
21 North Church Street, Hazleton 18201
Phone: Area Code 717-455-9511, Ext. 44 or 45

Contact: Executive Director: John S. Seamon, Jr.

McKEAN COUNTY

McKEAN COUNTY EASTER SEAL SOCIETY FOR CRIPPLED CHILDREN
407 Odd Fellows Building, Bradford 16701
Phone: Area Code 814-362-4621

Contact: Executive Secretary: Mrs. Anna L. Confer

MERCER COUNTY

MERCER COUNTY CRIPPLED CHILDREN'S SOCIETY, INC.
900 North Hermitage Road, Sharon 16146
Phone: Area Code 412-342-3738

Contact: Executive Director: Kenneth Delahunty

MIFFLIN COUNTY

MIFFLIN COUNTY SOCIETY FOR CRIPPLED CHILDREN AND ADULTS, INC.
401 Yale Avenue, Lewistown 17044
Phone: Area Code 717-248-6261

Contact: Executive Secretary (part-time):
Mrs. Barbara Robinson

MONROE COUNTY

MONROE COUNTY CRIPPLED CHILDREN AND ADULTS ASSOCIATION, INC.

Contact: Executive Secretary (part-time):

Mrs. Virginia R. Gerek
2020 Laurel Avenue, Stroudsburg 18360
Phone: Area Code 717-421-1254

MONTGOMERY COUNTY

(See PHILADELPHIA SOCIETY for complete service listing)

EASTER SEAL TREATMENT CENTER
837 Sumney Town Pike, Lansdale 19446
Phone: Area Code 215-699-9119

NORTHEASTERN PENNSYLVANIA SOCIETY FOR CRIPPLED CHILDREN AND ADULTS, INC. (serving Lackawanna, Susquehanna, Wayne, and Wyoming Counties)

R.D. #1, Olyphant 18447 (Scranton-Carbondale Highway)

Phone: Area Code 717-489-8691 or 346-6432

Contact: Executive Director: Miss Edith E. Wilson

PHILADELPHIA COUNTY

THE EASTER SEAL SOCIETY FOR CRIPPLED CHILDREN AND ADULTS OF PHILADELPHIA, BUCKS, CHESTER, DELAWARE AND MONTGOMERY COUNTIES

2425 North 59th Street, Philadelphia 19131

Phone: Area Code 215-477-4437

Contact: Executive Director:

PIKE COUNTY*

PIKE COUNTY COMMITTEE FOR CRIPPLED CHILDREN AND ADULTS

Contact: Karl R. Schneck, Milford 18337

Phone: Area Code 717-296-7053

POTTER COUNTY†

POTTER COUNTY SOCIETY FOR CRIPPLED CHILDREN AND ADULTS

Contact: Mrs. Jane DeStevens

403 Park Ave., Coudersport 16915

Phone: Area Code 717-274-8270

SCHUYLKILL COUNTY

SCHUYLKILL COUNTY EASTER SEAL SOCIETY FOR DISABLED CHILDREN AND ADULTS

Contact: Executive Director (part-time):

Mrs. Isabel Watkins

127 South Center Street, Frackville 17931

Phone: Area Code 717-874-0862

SOMERSET COUNTY

THE EASTER SEAL SOCIETY FOR CRIPPLED CHILDREN AND ADULTS OF SOMERSET COUNTY

Scul Building, Room 228, 124 North Center Street, Somerset 15501

Phone: Area Code 814-445-4834

Contact: Executive Secretary: Mrs. Pauline Davis

TRI-COUNTY SOCIETY FOR CRIPPLED CHILDREN AND ADULTS, INC. (serving Cumberland, Dauphin and Perry Counties)

2930 Derry Street, Harrisburg 17111

Phone: Area Code 717-564-6500

Contact: Executive Director: Harry C. Patchin

VENANGO COUNTY

THE EASTER SEAL SOCIETY FOR CRIPPLED CHILDREN AND ADULTS OF VENANGO COUNTY

Venango Human Services Center, Inc.

P.O. Box 231, Route 322 East, Franklin 16323

Phone: Area Code 814-437-6821, Ext. 270 or 271

Contact: Executive Director:

WARREN COUNTY

CRIPPLED CHILDREN COMMITTEE OF WARREN COUNTY, INC.

Court House, P.O. Box 966, Warren 16365

Phone: Area Code 814-723-5730

Contact: Executive Secretary:

Mrs. Jean C. Proud, R.N.

WASHINGTON COUNTY

THE SOUTHWESTERN PENNSYLVANIA
EASTER SEAL SOCIETY FOR CRIPPLED
CHILDREN AND ADULTS, INC. (serving Wash-
ington and Greene Counties and the Mon Valley)
1415 Jefferson Avenue, Washington 15301
Phone: Area Code 412-225-2226

Contact: Executive Director:

WESTMORELAND COUNTY

THE EASTER SEAL SOCIETY FOR CRIPPLED
CHILDREN AND ADULTS OF
WESTMORELAND COUNTY
Mellon National Bank Building, Room 601
New Kensington 15068
Phone: Area Code 412-335-7117 or 335-4983

Contact: Executive Director (part-time):

WYOMING VALLEY CRIPPLED CHILDREN'S
ASSOCIATION, INC.

71 North Franklin Street, Wilkes-Barre 18701
Phone: Area Code 717-822-4604

Contact: Executive Director: Robert W. Gloman

YORK COUNTY

THE EASTER SEAL SOCIETY FOR CRIPPLED
CHILDREN AND ADULTS OF YORK COUNTY,
INC.

(New address — Fall, 1972:
2201 South Queen Street, York 17402)
Prospect & Pattison Streets, York 17403
Phone: Area Code 717-845-2675

Contact: Executive Director: Mrs. Margaret Moul

UNITED CEREBRAL PALSY OF PENNSYLVANIA
1719 North Front Str-et
Harrisburg, Pennsylvania 17102
Harold R. Snyder, Executive Director

UCPA, Inc.
66 East 34th Street
New York, New York 10016
Tel: 212/889-6655

AFFILIATE & EXECUTIVE DIRECTOR

UCP OF BEAVER, BUTLER &
LAWRENCE COUNTIES
Mrs. Richard Hunt, Ex. Dir.
110 W. Wayne Street
Butler, Penna. 16001
Tel: 412/285-1641

UCP OF THE CAPITAL AREA
William Chianos, Ex. Dir.
15 S. 30th Street
Camp Hill, Pennsylvania 17011
Tel: 717/737-3477

UCP OF CENTRAL PENNA.
Alice H. Woodring, Ex. Dir.
44 Valley Street
Lewistown, Penna. 17044
Tel: 717/242-1491

UCP OF COLUMBIA &
MONTGOMERY COUNTIES
Mrs. Alfred Paladin, Ex. Dir.
11 Hillside Estates
R.D. #5
Danville, Penna. 17821

UCP OF CRAWFORD, VENANGO,
CLARION AND MERCER COUNTIES
Mrs. Lyle Olsen, Ex. Dir.
281 North Street
Meadville, Penna. 16335
Tel: 814/336-4157

UCP OF DELAWARE COUNTY
Edward Mahaney, Ex. Dir.
4111 Bethel Road
P.O. Box 605
Boothwyn, Penna. 19062
Tel: 215/485-5821

AFFILIATE & EXECUTIVE DIRECTOR

UCP OF LACKAWANNA COUNTY
Mrs. George Coulter, Ex. Dir.
230 Lackawanna Avenue
Scranton, Penna. 18503
Tel: 717/347-3357

UCP OF LANCASTER COUNTY
Mrs. John Murphy, Ex. Dir.
226 W. Chestnut Street
Lancaster, Penna. 17603
Tel: 717/397-1841

UCP OF LEBANON COUNTY
William Care, Ex. Dir.
Box 611, 746 Locust Street
Lebanon, Penna. 17042

UCP OF LEHIGH VALLEY
Mrs. Stanley Kulaitis, Ex. Dir.
3144 Linden Street
Bethlehem, Penna. 18017

UCP OF NORTH CENTRAL PA.
James F. Campbell, Ex. Dir.
400 Taylor Avenue
Falls Creek, Penna. 15840

UCP OF NORTHWESTERN PA.
Eldon V. Sturrock, Ex. Dir.
2230 Broad Street
Erie, Penna. 16503
Tel: 814/456-9785

UCP OF PHILADELPHIA & VICINITY
Stephen Sheridan, Ex. Dir.
4700 Wissahickon Avenue
Philadelphia, Penna. 19144
Tel: 215/842-0500

UCPA OF THE PITTSBURGH DISTRICT
Frederick A. Enck, Ex. Dir.
House Building
4 Smithfield Street
Pittsburgh, Penna. 15222
Tel: 412/261-5831

UCP OF READING & BERKS COUNTY
Geraldine A. Wernicki, Ex. Dir.
c/o Elks Lodge
46 S. 5th Street
Reading, Penna. 19602
Tel: 215/372-3052

UCP OF SCHUYLKILL, CARBON
& NORTHUMBERLAND COUNTIES
Mrs. Mal Weaver Bartram, Ex. Dir.
210 Centre Street (South)
Pottsville, Pennsylvania 17901
Tel: 717/622-7920

UCP OF SOUTHERN ALLEGHENIES REGION
Mrs. Isobel Rosenbloom, Ex. Dir.
616 Somerset Street
Johnstown, Penna. 15901
Tel: 814/535-7708

UCP OF SOUTHWESTERN PENNA.
Mrs. Byrnece Vazzana, Ex. Dir.
289 E. Beau Street
Washington, Penna. 15301
Tel: 412/225-8145

UCP OF WESTERN PENNA.
Joseph Szalanski, Ex. Dir.
Box 75
Spring Church, Penna. 15686
Tel: 412/472-0341

UCP OF WYOMING VALLEY
Mrs. Catherine Canterbury, Ex. Dir.
159 Simpson Street
Wilkes-Barre, Penna. 18702
Tel: 717/829-2613

UCP OF SOUTH CENTRAL PA.
Georgette N. Seligman, Dir.
1403 Broadway
Hanover, Penna. 17331
Tel: 717/632-5552

THE PENNSYLVANIA ASSOCIATION FOR THE BLIND
2843 N. FRONT STREET
HARRISBURG, PENNSYLVANIA

TRUDY L. ULSHAFFER *Executive Secretary*
RICHARD W. CLECKNER, Esq. *General Counsel*

ASSOCIATION BRANCHES

<i>Name of Branch and Address</i>	<i>Executive Director</i>
ALLENTOWN—Lehigh County Branch, 614 N. 13th St.	Frank M. Labaw
ALTOONA—Blair-Centre Branch, 1912-14 8th Ave.	Richard I. Prosser
BEAVER FALLS—Beaver County Branch, 616 Fourth St.	John E. McMichael
BEDFORD—Bedford Branch, 209 West Pitt St.	Gerel E. Croft
BETHLEHEM—Northampton County Branch, 129 East Broad St.	William S. Banko
BUTLER—Butler County Branch, 308 W. Cunningham St.	Mrs. Betty W. Weber
CHESTER—Delaware County Branch, 100-106 W. 15th St.	William DeAngelis, <i>Managing Director</i>
COATESVILLE—Chester County Association for the Blind, 71 S. First Ave.	Reginald D. Henry
ERIE—Erie County Branch, 2402 Cherry St.	Tyco V. Swick
GREENSBURG—Westmoreland County Branch, 103 Alexander Ave.	George Fear
HARRISBURG—Tri-County Branch, 2336 N. Third St.	Willis Friese
HAZLETON—Hazleton Branch, 598 Alter St.	Harold W. Heeremans
INDIANA—Armstrong-Indiana Branch, 31 S. 10th St.	Mrs. Corinne R. McConnell
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JOHNSTOWN—Cambria County Branch, 211 Central Ave.	Richard C. Bosserman
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Left: High, un-ramped curbs are the nation's biggest barrier for wheelchair people. Stores and businesses "beyond" the curbs lose out on many sales because of them.



Right: With the newly-installed wheelchair ramp, everyone can make it into the Clinton, Tennessee Public Library. That's C A Scarboro, T-3 paraplegic nearing the top.

ARCHITECTURAL BARRIERS

...they are beginning to fall!

BY Tom Rollins
Photos by: Jim McGhee

AMERICA CANNOT AFFORD
ARCHITECTURAL BARRIERS

Just for a few moments try to imagine what it would be like to awaken some morning to discover that you are paralyzed from the waist down and must spend the rest of your life in either a bed or a wheelchair. If you're completely able-bodied, this will come as quite a shock to you, but not nearly as severe as the real thing does to millions of people every year. At first, you're likely to consider suicide, but you realize this is nothing but a cowardly cop-out, discard the thought and force yourself to "make it" in your new role.

Open your eyes. Look around you and see an entirely different world -- actually the same old world from a different point of view -- in which a little six-inch curb you've been stepping over so lightly all of these years has become an insurmountable obstacle, the one step at the kitchen door now a problem to be dealt with immediately.

If you aren't much interested in playing this little game and think such an improbable thing couldn't possibly happen to you, consider these statistics from TODAY'S HEALTH, May, 1972:

- 1) More than two million workers suffer disabling injuries every year.
- 2) More than two million youths are orthopedically handicapped.
- 3) One of every ten persons in the United States has a temporary or permanent disability. If we include the infirmities of old age along with diseases or handicapping conditions that can occur at any

time -- heart conditions, emphysema, arthritis, impaired sight and hearing -- about 16 million people are limited in their ability to carry out such normal activities as working, keeping house, going to school.

And when you realize that every person with a physical limitation has at least two other people (husband, wife, mother, father, children, etc.) concerned about the handicapped persons welfare, you understand the economic impact on business, for example, that is inaccessible to them.

- 4) There are five million Americans with cardiac conditions, most of whom would benefit from the elimination of architectural barriers."

Just in case you're wondering, an architectural barrier is anything that impairs mobility of a person in a wheelchair, on crutches, a walker, braces or any other artificial means of support. Some of these begin in the parking lot where parking spaces are too narrow to allow car doors to be opened wide enough to put a wheelchair in or out of the car. Next would be the curb which prevents access to the sidewalk. The next barrier could be one or more steps leading to an entrance doorway containing a revolving door, or a set of double swinging doors with strong closure springs. Some of the most serious architectural barriers are found in public restroom facilities.



Tom Rollins, GPs Department Editor for Architectural Barriers, gets "cut off at the pass" on his way to the "john" at the Clinton Court House. The 1968 Act prohibits this sort of impasse in new building construction.

In traveling the Interstate highways mile after mile we have observed rest area signs stating that no rest room facilities are present. We know better than to try the service station rest rooms -- they seem to be built for able-bodied people only. If the rest room you are trying to use has a door less than 32-inches wide, or the opening to the toilet cubicle is too narrow, or set too close to the wall, the rest room is inac-

TOP TEN ARCHITECTURAL BARRIERS

1. Curbs
2. Steps
3. Narrow, or lack of accessible parking facilities
4. Narrow doors and check-out counters
5. Inaccessible toilets
6. Lack of accessible public transportation
7. Inadequate space behind driver's seat in intermediate or economy cars
8. Steep inclines, such as driveways.
9. Telephones, drinking fountains, and elevator control panels out of reach.
10. Strong springs on office and business doors.

cessible to you and might just as well not be there at all. Sometimes the fixture itself is too low, or could be turned in such a manner as to be hazardous. And without grab-rails, the bare walls afford no assistance if you lose your balance and fall.

From your new viewpoint as a paraplegic you're going to learn a lot of things in a hurry so stretch your imagination and picture yourself coming home from the hospital, learning all the little skills of leverage and muscle control (without your knowledgeable orderly who helped you at the hospital)... learning how to do things by yourself, like moving your body from the wheelchair to the car seat, learning to drive in traffic with hand-controls, learning how to get the wheelchair out of the car by yourself, and get it back in again unassisted.

Perhaps you were a good fisherman prior to the "accident" and you can hardly wait to get back out there again, casting the banks and probing the depths for fish. Sure it's going to be difficult and tiring but your arms and shoulders will develop and the result will be well worth the painful process. For some time you have realized that you cannot handle the old job anymore. You must re-educate yourself for some other method of making a living for yourself and your family. The big problem now is to find a school teaching the subjects and level you desire that is accessible in a wheelchair. It's a lot easier than it used to be.

All across the nation there is an awakening to the needs of the physically handicapped citizen. From Portland to Key West, and from Bangor to San Diego, committees for the removal of architectural barriers are busy making public buildings and other facilities accessible. Telephone companies are installing drive-up telephones, the Postal Service is installing many more drive-up mail boxes, ramps are replacing steps at many of our churches, the county courthouse, the municipal building, the library, business establishments and recreational facilities. Many state parks are now being made accessible and municipalities are even allocating revenue sharing funds, received from the federal government, to be used solely for the removal of architectural barriers.

According to information furnished by Francis P. Kelley, Director of the Division of Retardation, "The State of Florida, through its Department of Health and Rehabilitation Services, is in the process of building Sunland Recreational Park on the Gulf of Mexico on St. Joseph's Peninsula to provide a barrier-free environment for the handicapped of Florida." The park was designed to be completed in three stages -- the first of which was completed during

the winter of 1974.

"Although the plans are complete," Mr. Kelley said, "we are presently funded for only \$500,000 of construction. There is but one completed cottage with construction under way for two more." This 100-acre park should provide a unique opportunity for the rehabilitation of Florida's "developmentally" disabled. Much acreage will remain in its natural state and the majority of the construction is devoted to providing access to the area.

When completed, the complex will provide for a capacity of 390 campers. The majority of users will be housed in attractive, air conditioned cottages. The remainder will be able to camp in tents, trailers, and other recreational vehicles. There will be an olympic size swimming pool, a first aid station, a crafts building, a three-quarter mile elevated sidewalk, 2.5 miles of enriched nature trails, remote sanitary facilities, bathhouses, a boat dock, and a submerged swimming ramp (for wheelchair access) to the Gulf of Mexico waters.

This seemingly sudden awareness is spreading like wildfire. Often when concerned citizens approach city and county authorities with recommendations for ramps, wider doors, accessible public restrooms, public recreational facilities, the usual reaction is one of embarrassment followed by the comment, "My Goodness! Somebody should have brought this to our attention a long time ago!"

The Federal Accessibility Act of 1968 set the standard and many state governments have improved upon these minimum requirements in their own State Building Codes. These standards are even further improved in County and City building codes, and the Southern Building Code Congress International, Inc. adopted Appendix K, which standardizes specifications for all buildings used by the public.

Schools, from the local level to our great universities are being made accessible -- the Universities of Illinois and Ohio State have been the forerunners in meeting the needs of the handicapped on campus. Scores of other colleges and universities are now in the process, and all new buildings must comply with the various building codes.

Unfortunately, the automobile manufacturers have paid no attention to requirements of the handicapped and have actually gone from bad to worse in designing all their vehicles for able-bodied people only. So we must drive gas-gulping cars in order to have sufficient room to carry wheelchairs, and passengers at the same time. Perhaps we can bring the problem to their attention and get something other than a van designed for our use -- especially

when the need is brought to their attention. As one Oak Ridge, Tennessee, City Councilman said, "What a shameful waste of manpower and talent we have perpetrated through our insensitivity to the simple requirements of the physically handicapped! We could have made this city barrier-free from the very beginning," he continued "You folks should have brought this to our attention a long time ago."

Millions of the physically handicapped have special skills with which they make considerable contributions to society. You probably know of several in your own community but to mention a few with exceptional ability, let's turn the spotlight on a few like:

Governor George Wallace of Alabama. Everyone knows of his activities and no further comment is necessary.

Spence Dupres, paralyzed from the waist since he was three years old teaches mathematics at the University of Tennessee (Martin Branch), is a tremendous fisherman and duck hunter. Frequently guides out-of-state sportsmen.

Dr. Ernie Bechtol, of Clinton, Tennessee, is sightless but uses a Seeing-Eye Dog and carries on his osteopathic practice. He and "Quest" walk up to eight miles per day on the busy streets of Clinton.

Dennis Walters, former golf pro, a native of Neptune, N. J., a paraplegic because of a freak golf cart accident, has set a goal of teaching 200,000 other paraplegics how to play golf for exercise and recreation. He shoots "scratch" in the high 70's!

Look around you. You'll begin to notice them getting out of cars, going in the bank, paying their taxes, voting at the polls, running a business, or working shoulder to shoulder with other able-bodied employees. They're all around you but they're usually so self-sufficient you actually see the person rather than the disability. They're proud of their ability to make their own way in society in spite of thousands of architectural barriers erected in their paths unnecessarily.

For the most part, architectural barriers are unnecessary. The removal, or by-passing them would make life much more enjoyable for millions of people. You can help remove these barriers -- now that you know about them. Speak to your City Councilmen, your County Court members, your State Representatives. They will appreciate your interest and concern and they're in a position for positive action. Talk to them quietly and make the pathway as smooth as possible without attracting too much attention to anyone, for such concern and consideration for others is the key to personal happiness.

It's up to us. ▢

REHABILITATION INTERNATIONAL RESOLUTION

Adopted by

THE REHABILITATION INTERNATIONAL ASSEMBLY

Ofir, Portugal, September 19-21, 1974

The International Symbol of Access

The Assembly of Rehabilitation International, meeting in Ofir, Portugal, September 19-21, 1974:

Having in 1969 approved and adopted the concept and the design of the International Symbol of Access as recommended by the International Committee on Technical Aids, Housing and Transportation (ICTA);

Having made the Symbol freely available to all mankind so that its use might contribute to the protection of the human rights of all disabled persons and specifically to an improvement in the availability to disabled persons of the resources and facilities of the communities in which they live;

Noting with satisfaction that the Symbol has been widely accepted for the purposes intended by the Assembly, that it has been officially adopted by many public and private authorities and that its use is increasingly evident throughout the world;

Believing that the proper use of the Symbol has not only assisted millions of disabled persons in locating, identifying and being able to use accessible facilities, but also has created a more general awareness of the problems of accessibility faced by disabled persons and thus helped to stimulate action to eliminate environmental barriers;



THE INTERNATIONAL SYMBOL OF ACCESS

Concerned, however, that the use of the Symbol for more general purposes or in forms other than that approved by the Assembly distorts the intent of the Assembly and reduces the value of the Symbol as an easily and internationally recognizable identification of facilities accessible to disabled persons;

Proclaims the following policies to govern the use of the International Symbol of Access:

- 1) The Symbol shall always be used in the design and proportions approved by the Assembly, a reproduction of which shall be disseminated with this resolution. The colors used shall always be in sharp contrast and, unless there are compelling reasons to use other colors, the Symbol and its background shall be reproduced in either black and white or dark blue and white.
- 2) No change in or addition to the design shall be permitted.
- 3) With the exception stated in Para. 4 below, the Symbol shall never be used for any purpose other than to identify, mark or show the way to facilities that are accessible to persons whose mobility is restricted by disability. The standards of accessibility to be applied should be established by the responsible authorities in each country and it is recommended that they be guided by the recommendations of the United Nations Expert Meeting on Barrier Free Design which was held in 1974. The report and recommendations of the meeting are being published and made available by Rehabilitation International.
- 4) It is recognized that the popularization and universal recognition of the Symbol will be assisted by its reproduction in published material and other media relevant to services for the disabled so long as it is always clearly and conspicuously identified as "The International Symbol of Access". Such use is authorized.
- 5) Affiliated National Organizations of Rehabilitation International or other agencies so authorized in writing by Rehabilitation International may obtain national legal protection of the Symbol and control of its use in accordance with the policies stated in this resolution.

Appeals to all concerned to seek the widest possible use of the Symbol in the manner specified in this resolution, and to avoid any use of the Symbol that is not in accord with these policies and thus does not respect the intent of the Assembly to assist in protecting the human rights of disabled persons;

Requests the Member Organizations of Rehabilitation International and all cooperating bodies to make the contents of this resolution known through all available channels of communications.

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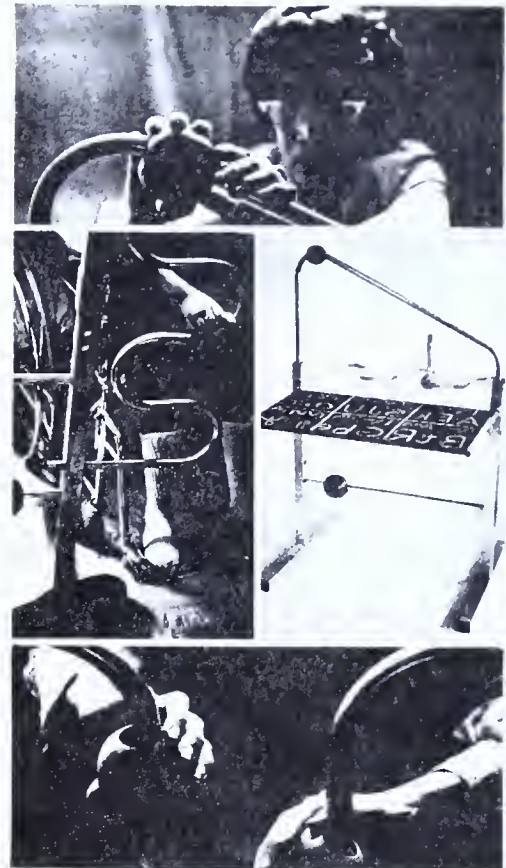
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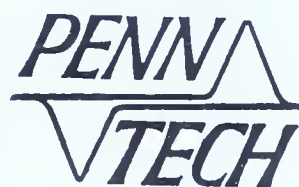
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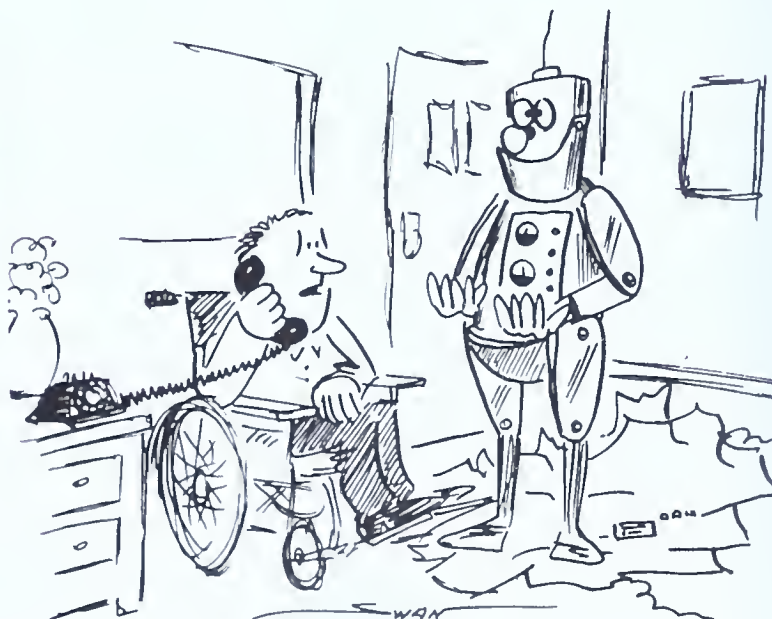
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Sight is the most 'taken for granted' of man's five senses. In the past, when a man lost his eyesight he was blind for the remainder of his life. Even today, with spectacles, contact lenses and surgery, there remain a considerable number of cases where established procedures don't work.

There's now a unique technique involving implanting a plastic lens into the eyes which means hope for some. The technique, known as Posterior-Perforating Acrylic Kerato-Prosthesis, has been developed by leading British eye surgeon Dr. D. P. Choyce, senior eye surgeon at Southend General Hospital.

Although the eye is normally extremely sensitive, a chemically inert material called Perspex has become the base material used in eye implant operations. After much research the specifications for the operation developed by Dr. Choyce were evolved.


There are a great variety of situations, like blindness caused by disease and man-made hazards, in which this surgery can be more effective than conventional surgery.

The actual operation is done in

four sessions. First, the patient's eye is prepared by removing any dislocated or opaque lens tissue. A graft is then made from a donor eye. A flush-fitting central cylinder is implanted into the newly positioned Kerato-Prosthesis and buried between the patient's and the donor's corneal layers.

After several weeks to allow the still blind patient's eye to accept the implant, the overlaying disks of cornea are removed and the cylinder unscrewed and replaced with one that has the necessary correction. Dr. Choyce says "Dressing the eye the following day is an agreeable occasion — for now at last the patient can see."

Over 50% success has been reported with the operations performed to date.

Dr. Choyce emphasizes that this operation isn't a panacea to restore sight to millions overnight. "Nothing," he says "can ever be as good as the human eye." But, he adds, in cases where industrial injury such as hot metal or acid burns make a cornea transplant impossible this operation is the only chance to restore sight. 



THE PENNSYLVANIA FEDERATION OF THE BLIND is an organization of blind individuals, affiliated with the National Federation of the Blind. It serves as a voice for some 38,000 blind Pennsylvanians. PFB has a three-fold purpose:

(1) *For the blind*—to foster self-help programs to encourage the best possible adjustment to their being blind; to strive for educational and employment opportunities commensurate with their ability to achieve the status of contributory living; to seek more satisfying ways for the blind to live in the sighted world.

(2) *Community relations*—to maintain a dialogue with concerned citizens so as to enhance their understanding of blindness and of how to relate to blind individuals in order that those who are determined to live self-reliantly, may make real progress fitting into the mainstream of life in an enlightened society.

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Please address communications to:

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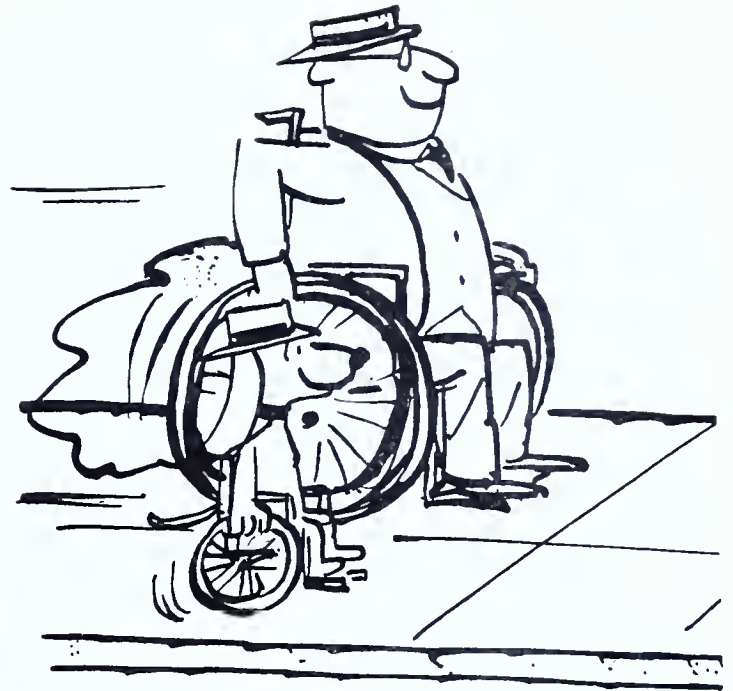
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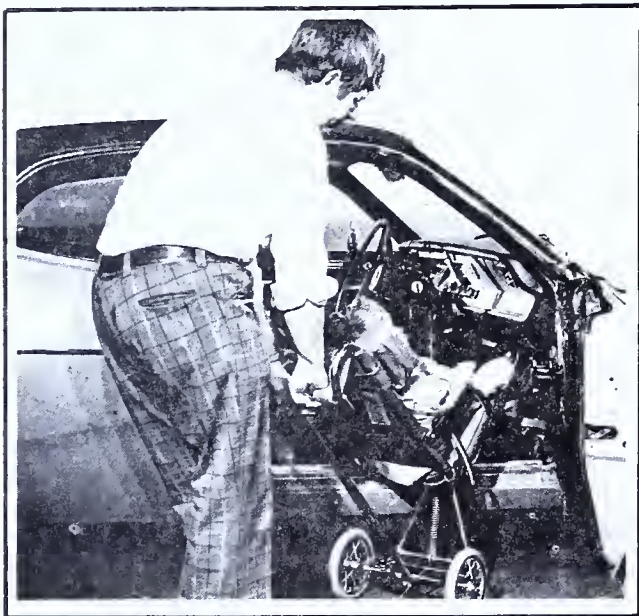
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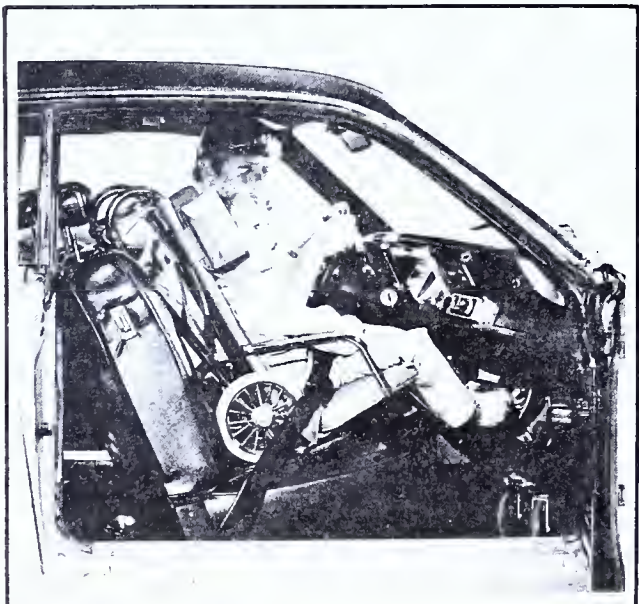
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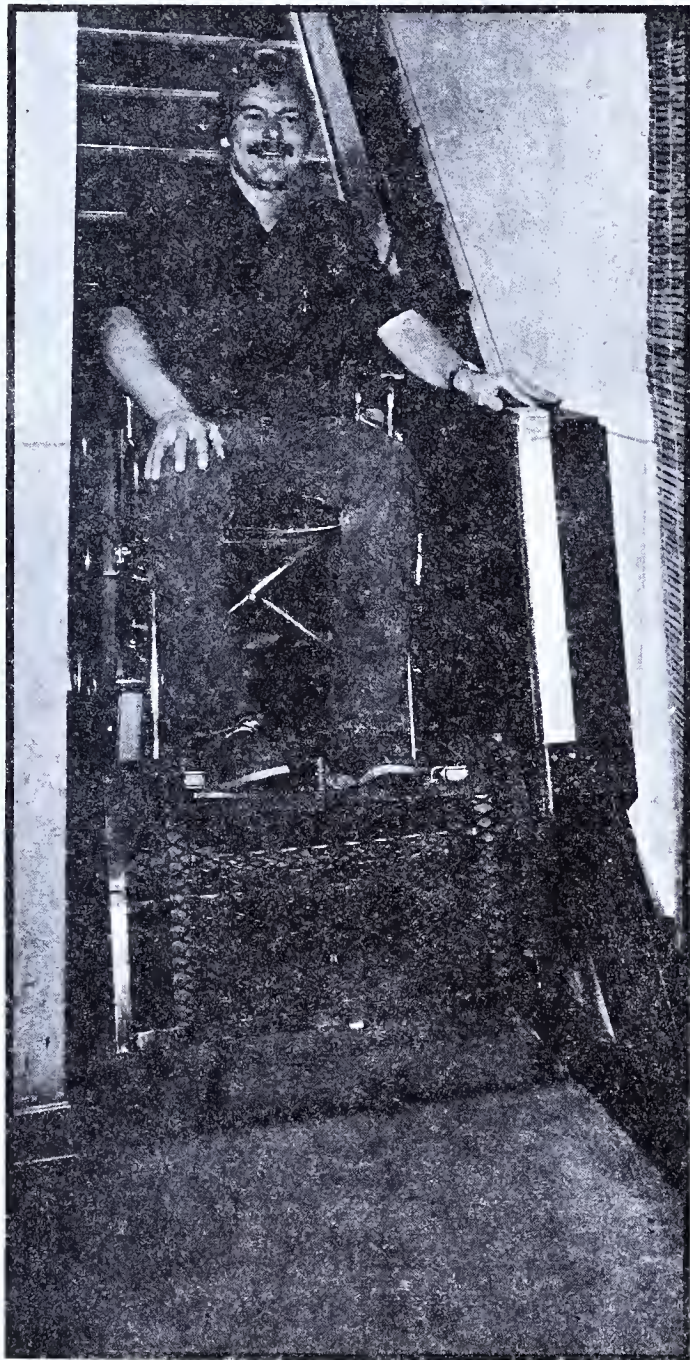
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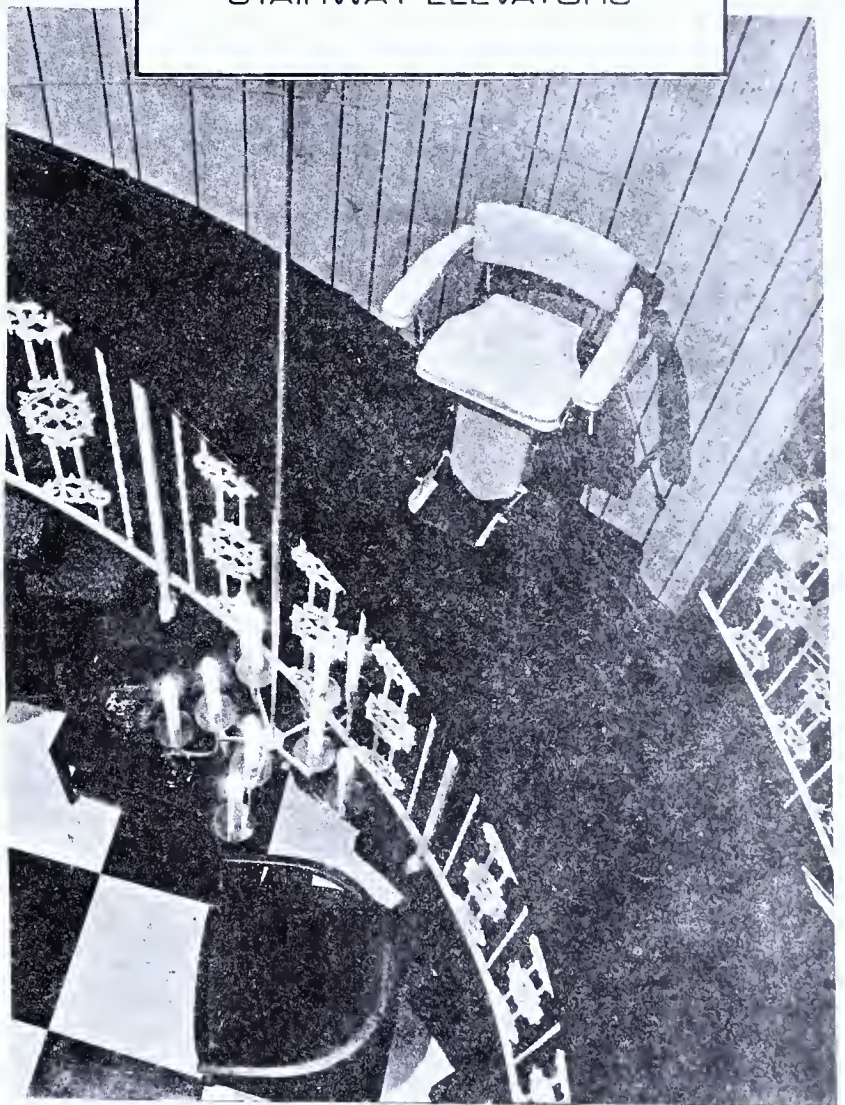
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Quad Appointed New California Rehabilitation Chief



Ed Roberts, a 36-year-old quadriplegic, has been appointed by California Governor Ed Brown as director of that state's Department of Rehabilitation. Roberts replaced acting director Harry Towne at the post November 1.

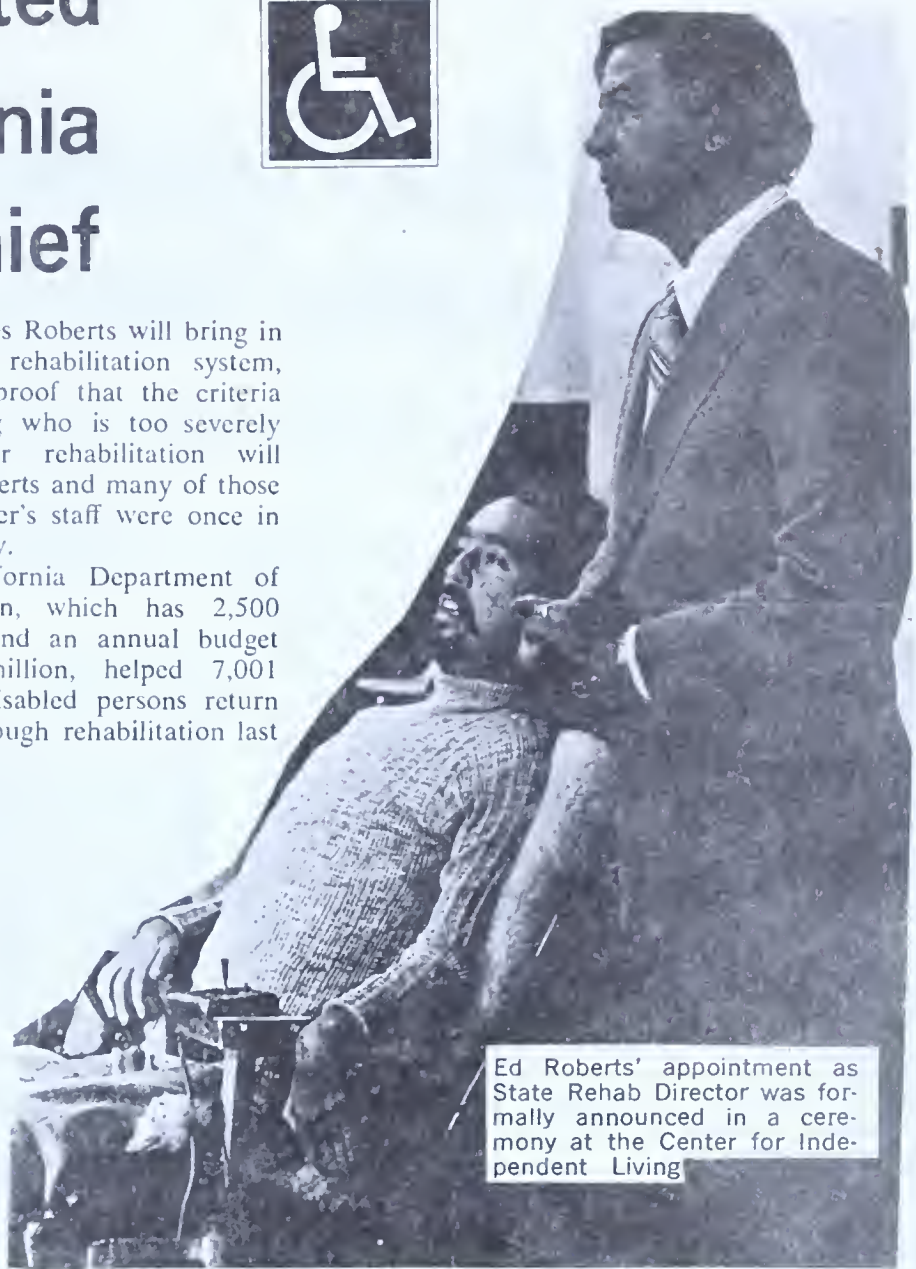
Roberts, who lost the use of his arms and legs when stricken with polio at 14, founded the Center for Independent Living in 1972. The Center, recently recognized by the Department of Health, Education, and Welfare as one of the best in the country, exists to teach disabled persons to become less dependent on others. He is also a candidate for a doctorate degree in political science at the University of California-Berkeley.

Roberts said that the Center, which now has over 80 staff members, was established because, "Very often in the past, people like myself have been overlooked by the entire rehabilitation system because we're very difficult kinds of people to rehabilitate. We've found that the only way is to rehabilitate each other."

While too early to tell exactly

what changes Roberts will bring in California's rehabilitation system, Roberts is proof that the criteria for deciding who is too severely disabled for rehabilitation will change. Roberts and many of those on the Center's staff were once in that category.

The California Department of Rehabilitation, which has 2,500 employees and an annual budget of \$100 million, helped 7,001 physically disabled persons return to work through rehabilitation last year.



Ed Roberts' appointment as State Rehab Director was formally announced in a ceremony at the Center for Independent Living



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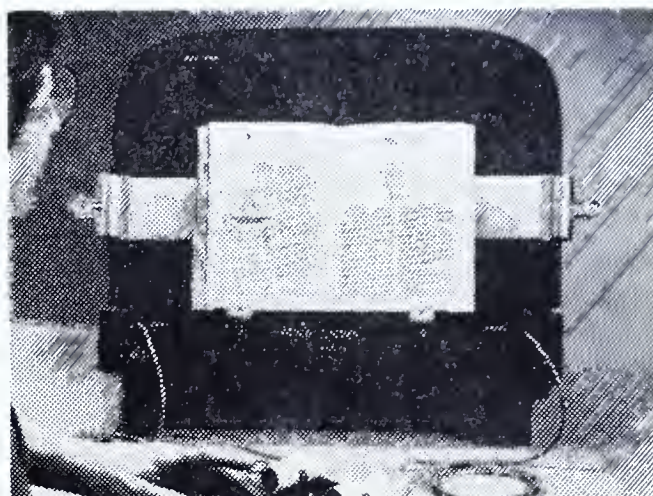
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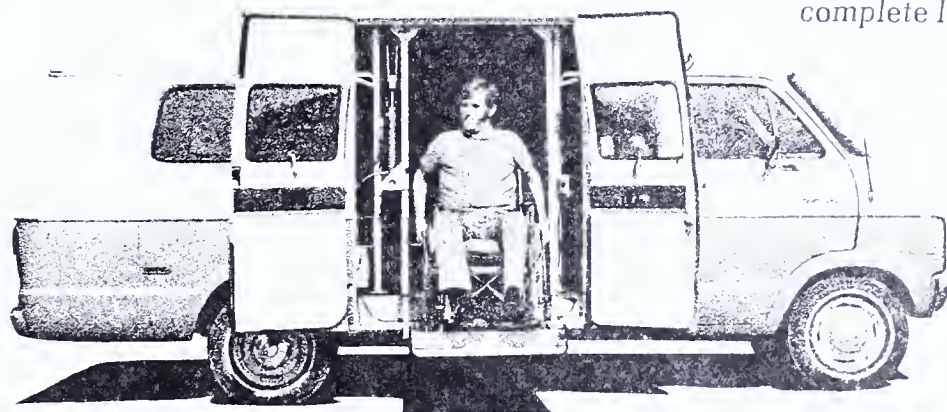
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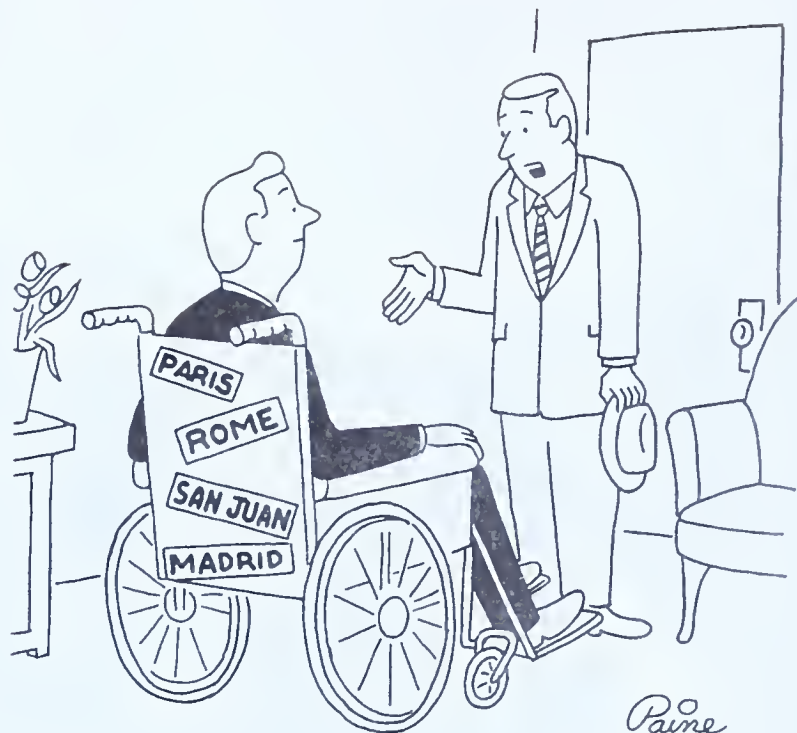
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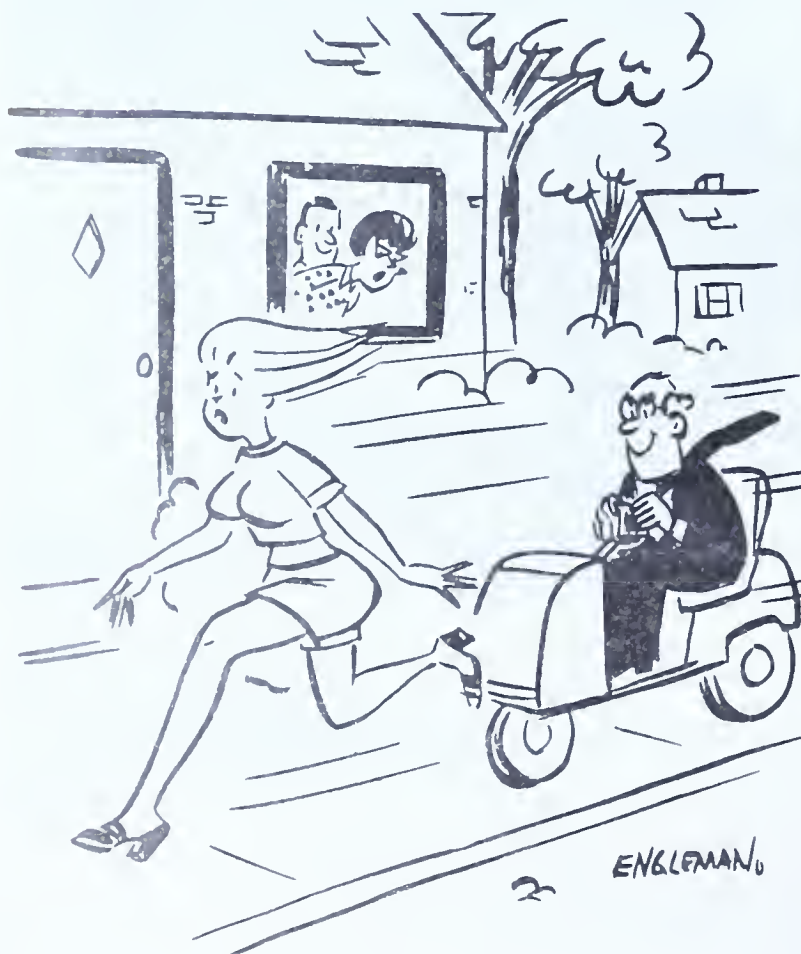
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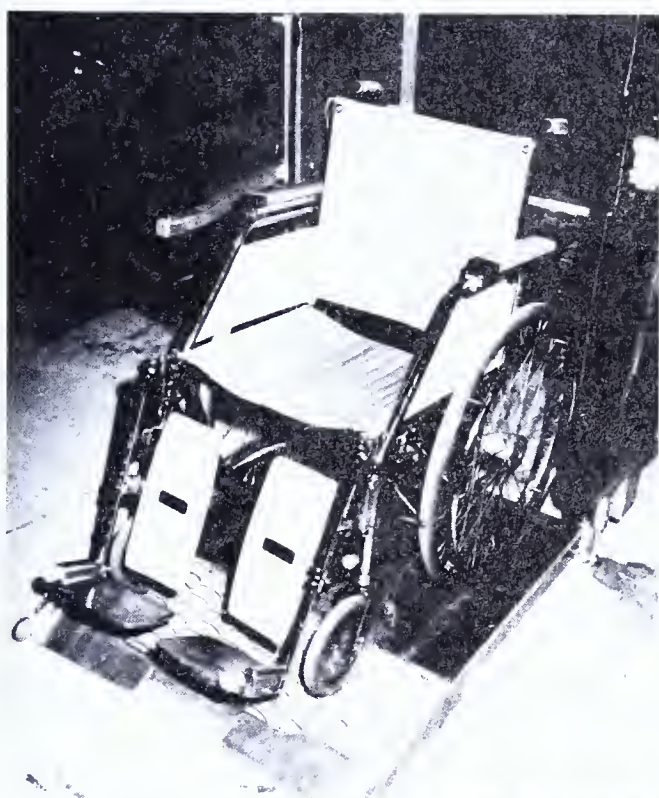
cord treated by a similar method. All wounds healed and the patient gained 60 pounds.

Since the discovery of the new treatment method, the Kentucky V.A. hospital has used it for more than 100 patients including paraplegics and quadriplegics with decubitus ulcers, amputees with infected leg stumps and diabetics.

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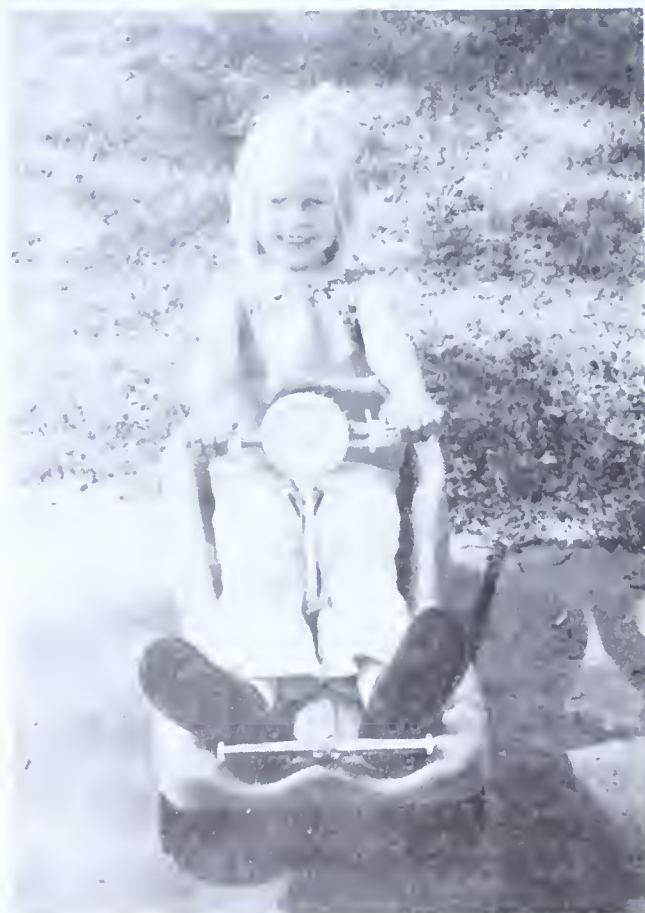
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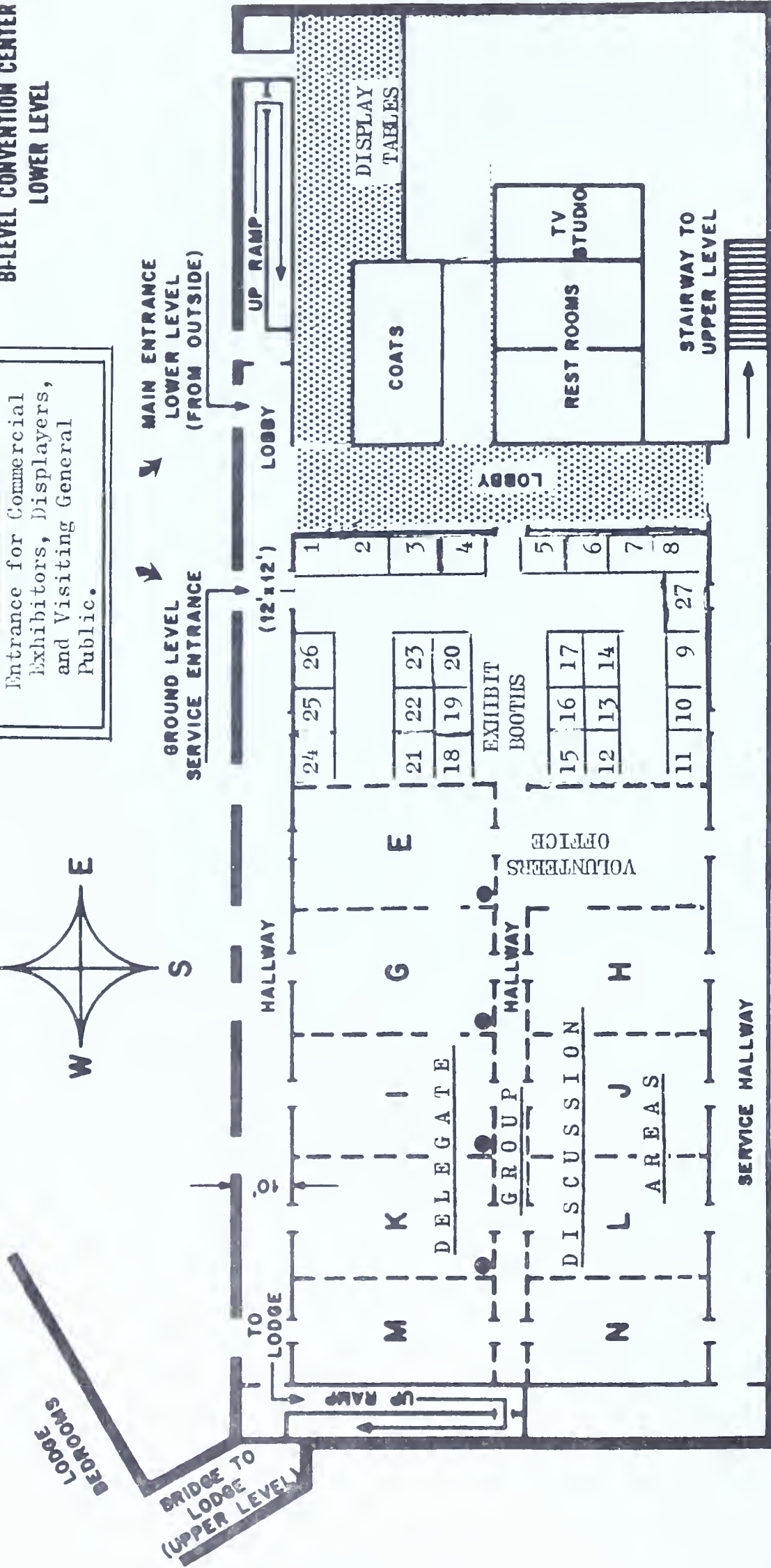
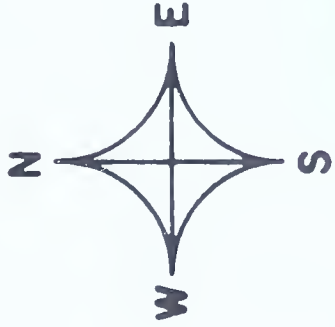
Pennsylvania Society for Advancement
of the Deaf
Harrisburg, Pennsylvania

Pennsylvania Occupational Therapy Assoc.
Philadelphia, Pennsylvania

Vocational Research Institute (VRI)
Philadelphia, Pennsylvania

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GOVERNOR'S CONFERENCE ON
HANDICAPPED INDIVIDUALS

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DECEMBER 1, 2, 3, 1976

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Conference Exhibits

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~~* Stuarts Draft, Virginia~~

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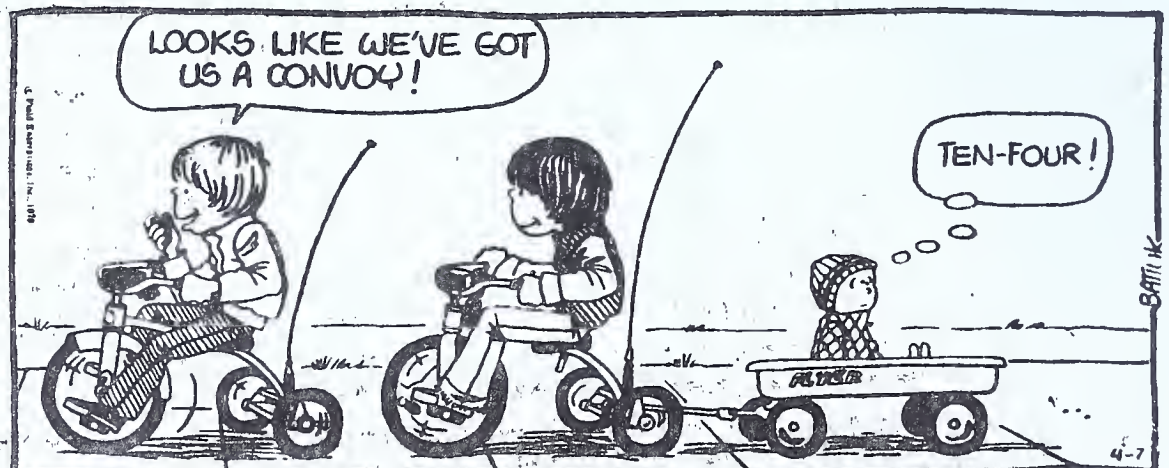
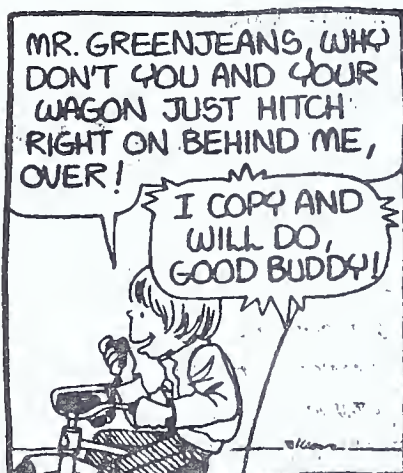
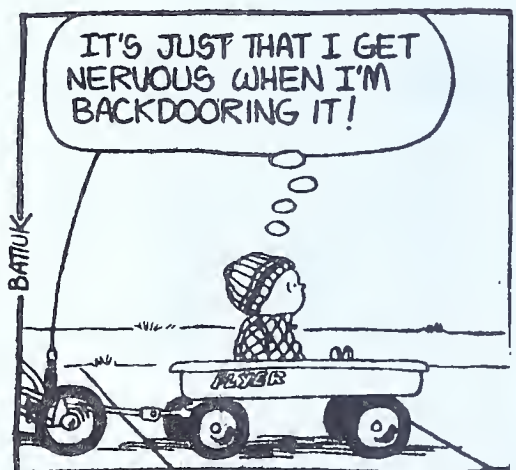
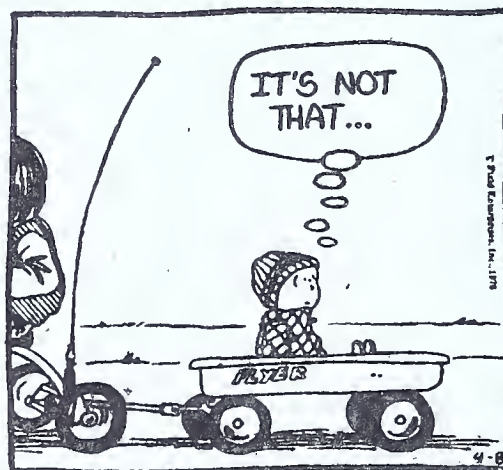
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THE
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Salutes

Delegates to the Governor's Conference
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SOME AVAILABLE NOW - SOME IN THE FUTURE!

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WHERE JOBS FOR DISABLED ARE!

- Learn how you can make affirmative action work for you. What you can do if you have been discriminated against.
- And you will get tips on how to better your chances of getting a civil service job even though you are disabled.
- Learn who to contact to participate in a new federal program designed to help disabled get actual on-the-job experience.

THE FIGHT TO HELP YOU GET THERE ON ACCESSIBLE MASS TRANSIT!

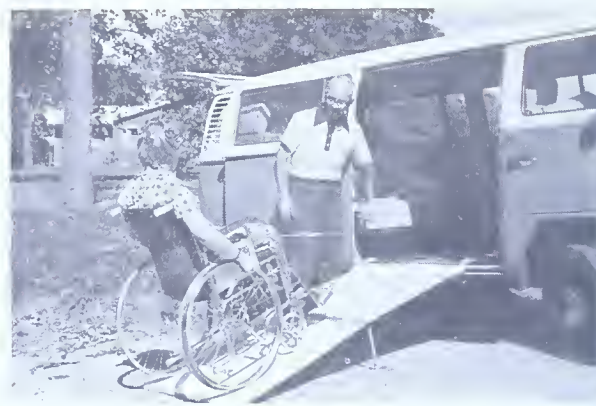
- Read about a class action suit filed by disabled people to force the federal government to require that all new buses be accessible -- following six and one-half years of failure (and squandering of taxpayers money) by federal mass transit officials.

TODAY'S DISABLED CHILDREN FACE BETTER JOB FUTURE!

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IN THE FALL 1976 ACCENT

Your magazine is truly a breathe of fresh air for a person such as myself. I have lived for the past year and a half in complete obscurity as to the many opportunities that are available to disabled persons.

R. B. J.

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D.I.A.

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DISABLED IN ACTION

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- | | |
|--|---|
| <input checked="" type="checkbox"/> TRANSPORTATION | <input checked="" type="checkbox"/> ATTITUDES |
| <input checked="" type="checkbox"/> HOUSING | <input checked="" type="checkbox"/> VOTING RIGHTS |
| <input checked="" type="checkbox"/> HEALTH CARE | <input checked="" type="checkbox"/> EMPLOYMENT |
| <input checked="" type="checkbox"/> ARCHITECTURAL BARRIERS | <input checked="" type="checkbox"/> EDUCATION |

THE DISINFRANCHISED STATUS OF INDIVIDUALS WITH PHYSICAL DISABILITIES

One of the priorities of our organization is to gain access to polling places for individuals with physical disabilities. This is especially relevant to people who use wheelchairs. The existing process for selection of polling places and design of booths denies many persons a basic right guaranteed by the constitution. For the disabled, freedom of expression and the right to vote carry with them freedom of access to the voting machine without dehumanizing embarrassment and the lack of secrecy inherent in seeking assistance in the polling booth. Specifically, the following standards should be adopted and enforced with regard to polling places and booths:

1. All doorways should be 32" wide.
2. The means of entry should be without steps — none out-doors, at the entrance, or inside the building.
3. Voting machines should be constructed or ramped in a manner that would enable persons in wheelchairs to reach the highest lever of the machine.

4. For persons using braces and crutches, the walking distance from the parking area to the voting place and machine should be minimal.
5. In keeping with the concept of accessibility, the selection of the polling place should be centrally located with respect to the entire voting division.

Absentee voting is not a satisfactory alternative. Absentee ballots must be cast well before election day, denying the individual last-minute communication and information about the candidates. The low volume of absentee ballots in any one voting division does not permit secrecy in candidate preferences for individuals who must rely on the absentee ballot system regularly, because their polling place and/or voting machine are inaccessible.

Improved selection of polling locations and design of voting machines can only promote interaction with the voting public and individuals with physical disabilities — who for too long have been segregated from the mainstream of political participation.

Voting in person on election day is both a right and a privilege which one should not need to sacrifice due to his or her physical disabilities. The physically disabled voter should also not be faced with the burden of paying indirect poll taxes inherent in his/her use of the absentee ballot when medical certification and notarization must be obtained. If you support the position which we take on this issue, or if you happen to encounter any of these problems on election day due to your handicap, you should contact:

1. Disabled In Action of Pa., Inc. (215) 743-6808
2. The Penna. Human Relations Commission (717) 787-4410

GM and White House Ditch Bus of the Future

Washington — What's good for General Motors seems to be what's good for the White House.

The two have teamed up to block a major upgrading of the nation's buses in order to protect the auto company's profit picture, according to a confidential federal study.

In 1971 the Government began a \$27 million project to develop a bus of the future. It was to have wide doors, special features for the handicapped and other safety and efficiency improvements.

But a federally funded report by Stanford University describes in detail how the new concept of a "Transbus" fell afoul of politics and corporate finagling.

The White House, meanwhile, has further aided General Motors by holding back future funding for the "Transbus" project. Since the two smaller companies cannot compete with General Motors unless they get the funding, the White House actions have effectively turned over future bus sales to General Motors — without "Transbus reforms."

Consumer groups and the handicapped fear that the combination of the fund cut-off and General Motors' readiness to build buses with its own funds will doom any hopes of improved mass transit for the handicapped. There have been no major design changes in 15 years.

Suit seeks buses for handicapped

PHILADELPHIA (UPI) — Organizations representing the handicapped and elderly have filed suit in federal court seeking to force the federal government to implement a new project to design and equip buses suitable for them.

The suit, filed Thursday in U.S. District Court by 12 organizations, said the federal government had completed a major nine-year, \$27 million research project, known as Transbus, to design a bus which was safe and would accommodate "all segments of the public."

However, the suit said, "defendants have adopted policies...and engaged in practices which perpetuate major physical and structural barriers in the design of transit equipment which exclude mobile disabled and elderly people."

Sieglinde A. Shapiro, president of Disabled in Action of Pennsylvania, Inc., one of the 12 groups, charged: "Time and again the federal government has given in to pressure from automobile and bus manufacturers and failed to enforce this law by not promulgating specifications and regulations for mass transit vehicle we can use."

Defendants named in the suit were Secretary of Transportation William T. Coleman, Robert A. Patricelli, administrator of the Urban Mass Transportation Administration, and Norbert T. Tiemann, administrator of the Federal Highway Administration.

The newly-designed buses would have floors 17 inches from the ground and 44-inch wide doors. Conventional buses have floors 34 inches from the ground and 27-

inch doors.

Mrs. Shapiro said: "It is not necessary for the disabled and elderly to be confined to their houses due to government policy."

"Because of inaccessible mass transit, we are denied employment and higher education. We are also faced with a loss of opportunity to participate in recreational and community activities."

She estimated that up to 14 million of the country's 26 million handicapped and elderly are adversely affected by the design of mass transit vehicles.

The complaint said one advantage to the proposed new buses would be increased opportunity for employment of the handicapped, which in turn would mean a \$1.3 billion reduction in disability and welfare benefits and additional income taxes.

The 12 organizations participating in the suit represent about 2 million handicapped and 3.5 million elderly persons throughout the country.

"We're not asking for any special place to sit . . . we just want to be able to get on the bus in the first place" — Sieglinde Shapiro, president, Disabled in Action Pennsylvania.

Mrs. Sieglinde A. Shapiro, president of Disabled In Action (D.I.A.) of Pennsylvania, lead plaintiff in the action, said the suit's purpose is "to force the federal government to require all new buses used in mass transit be easily accessible to disabled and elderly persons."

The suit was filed by lawyers from the Public Interest Law Center of Philadelphia in behalf of the D.I.A. groups of Pennsylvania, New York, Baltimore, and New Jersey; the Paralyzed Veterans of America; American Coalition of Citizens With Disabilities; National Congress of Organizations of the Physically Handicapped; National Caucus for the Black Aged; Pennsylvania Association of Older Persons; the National Capital Area Chapter of the National Paraplegia Foundation; United Cerebral Palsy of Pennsylvania; National Council of Senior Citizens; and seven individuals.

Accent on
Living
Fall, 1976

Philadelphia
Evening
Bulletin
5-4-76

UPI
Wire
Story
6-18-76

PLEASE SEND ME MORE INFORMATION.

NAME _____

ADDRESS _____

PHONE _____

I am particularly interested in:

DIA = YOU

Disabled In Action of Pennsylvania, Inc.
1319 McKinley Street/Philadelphia, Pa. 19111/(215) SH 8-6808

ADDITIONAL DELEGATES

<u>NAME</u>	<u>REGION</u>
BLAU, IRWIN	I
BOYER, GRACE	II
BRENER, SYLVIA	I
BURRELL, REV. HOWARD	VI
CRAWFORD, LAURA	V
DALTON, RICHARD	I
GREINER, CALVIN	IV
HAMM, JOHN	V
HARRIS, BARBARA	I
KOST, JOAN	V
McGARY, SUSAN	V
NITKIEWICZ, BARBARA	VI
PRICE, JOAN	I
SCHALTENBRAND, NAOMI	V
SCHNECK, KARL	VIII
SMITLEY, DONALD	IV
SPEAR, KATHLEEN	I
STARON, RAYMOND	I
STRAIN, JOHN	V
ULDIN, SUSAN	VII
WOODSON, BARBARA	I
ZISON, NEIL	I

Not all delegate responses were received in time to be included on this page.

ADDITIONAL DELEGATES

NAME	ADDRESS	COUNTY	CODE
BLAU, EDWIN	224 DiMarco Drive Philadelphia 19154	Philadelphia	P
BRENER, SYLVIA	2118 Shelmire Philadelphia 19152	Philadelphia	P
DALTON, RICHARD	Dublin News No. 12 Dublin 18917	Bucks	O
HARRIS, BARBARA	2237 W. Firth Street Philadelphia 19132	Philadelphia	P
PRICE, JOAN	3512 Horton Road Newtown Square 19073		O
SPEAR, KATHLEEN	154 Barrington Road Upper Darby 19082	Delaware	H
STARON, RAYMOND	1701 Church Street Philadelphia 19124	Philadelphia	H
WOODSON, BARBARA	1227 S. 46th Street Philadelphia 19143	Philadelphia	H
ZISON, NEIL	2118 Shelmire Avenue Philadelphia 19153	Philadelphia	H

Region II

BOYER, GRACE	3028 Liberty Street Allentown 18104	Lehigh	O
--------------	--	--------	---

Region IV

GREINER, CALVIN	1821 Sweeley Avenue Williamsport 17701	Lycoming	P
SMITLEY, DONALD	445 Waupelani Drive B-1 State College 16801	Centre	H

Region V

CRAWFORD, LAURA	106 E. North New Castle 16101	Lawrence	P
HAMM, JOHN P.	2851 Bedford Avenue Pittsburgh 15219	Allegheny	O
KOST, JOAN	1310 Moccasin Drive Bridgeville 15017	Washington	H

ADDITIONAL DELEGATES

Region V (Continued)

<u>NAME</u>	<u>ADDRESS</u>	<u>COUNTY</u>	<u>CODE</u>
McCARY, SUSAN	780 W. Old Rt. 422 Butler 16001	Butler	P
SCHALTENBRAND, NAOMI	703 Washington Avenue Oakmont 15139		
STRAIN, JOHN	725 S. Negley Apt. 4 Pittsburgh 15232	Allegheny	H

Region VI

BURRELL, REV. HOWARD	340 Spencer Avenue Sharon 16146	Mercer	P
NITKIEWICZ, BARBARA	645 East 23 Street Erie 16503	Erie	H

Region VII

ULDIN, SUSAN	164 Colgate Avenue Johnstown 15905	Cambria	H
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Region VIII

SCHNECK, KARL R.	106 W. Ann Street Milford 18337	Pike	O
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Not all delegate responses were received in time to be included on this page.

ADDITIONAL DELICATES

Region V (Continued)

NAME	ADDRESS	COUNTY
MCNARY, SUSAN	760 N. 014 St. 442 Butler 10001	Butler
FEIN, THERESA, NANCY	703 Washington Avenue Lawrence 12138	Lawrence
STRAIN, JOHN	722 E. Highway 41.4 Lawrence 12138	Lawrence

Region VI

BURBELL, RAY, ARNOLD	360 Somerset Avenue Lawrence 12140	Lawrence
KATZ, SARAH	602 East 12 Street Lawrence 12140	Lawrence

Region VII

JOHN, SUSAN	100 Falgout Avenue Lawrence 12142	Lawrence
-------------	--------------------------------------	----------

Region VIII

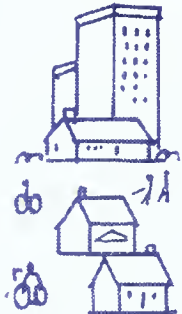
SCHNEIDER, KATH A.	108 W. Ann Street Lawrence 12142	Lawrence
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Not all delegate responses were received in time to be included on this page.

PENNSYLVANIA



**GOVERNOR'S
CONFERENCE
ON
HANDICAPPED
INDIVIDUALS**



DECEMBER 1, 2, 3, 1976



HELD AT

HERSHEY MOTOR LODGE & CONVENTION CENTER

HERSHEY PENNSYLVANIA



PENNSYLVANIA GOVERNOR'S CONFERENCE ON HANDICAPPED INDIVIDUALS

SUMMARY REPORTS

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P E N N S Y L V A N I A ' S

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Bethlehem, PA 17817

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3701 Conshohocken Avenue
Philadelphia, PA 19131
(Mayor's Ofc. for Handicapped)

Mr. George H. Hibbler
2008 Widener Place
Philadelphia, PA 19138
(Severely Multiple Hdcp. Child)

Mr. Carl M. Moore
2009 Medary Avenue
Philadelphia, PA 19138
(Deaf)

Ms. Anneta Hawthorne
42 N. Washington
Gettysburg, PA 17325
(Visual)

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(3 Handicapped Children:
MD, MR, Eplipsy & Dwarfism)

Ms. Evelyn Stypula
Scranton Hall
Box 36
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(Triple Amputee)

Mr. Richard Bosserman
211 Central Avenue
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Mr. Robert Deiley
121 N. Scenic Street
Allentown, PA 18104
(Quadriplegic)

Mr. Albert Whitenight
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Bloomsburg, PA 17815
(Polio)

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RD #5 Box 107
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(C P Daughter)

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(M R Son)

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(Pediatric Neurosurgeon)

Ms. Jennie Lee Morgan
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Ford City, PA 16226
(Director, Easter Seal Office)

Mr. Joseph Margalis
67 E. Thomas Street
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(Quadriplegic)

* Co-Director of the Governor's
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and

Vocational Rehabilitation Center
Director

P E N N S Y L V A N I A ' S

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Kidney Disfunction)

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Enhaut, PA 17113
(Double Amputee)

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Philadelphia, PA 19118
(Spinal Cord Injury)

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Erie, PA 16510
(M D)

Mr. David Rice
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(Education)

Ms. Donna Maurizio
316 Maple Drive
Windber, PA 15963
(Spina Bifida Child)

Ms. Isobel Rosenbloom
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Johnstown, PA 15901
(C P)

Ms. Mary Campbell
321 Prescott Avenue
Scranton, PA 18510
(M R Son)

Ms. Arlene Kunigel
727 Donnelly Street
Duryea, PA 18642
(Blind)

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2343 N. 52nd Street
Philadelphia, PA 19131
(Religion & Education)

Mr. Adolph Butkys
3936 Birth Drive
Bethlehem, PA 18017
(Paraplegia)

Ms. Katherine Wilt
638 Market Street
Williamsport, PA 17701
(M S)

Mr. R. Denning Gearhart
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Apt. 201
Pittsburgh, PA 15213
(C P)

Ms. Dorothy Moser
13 Pilgrim Drive
Lancaster, PA 17603
(2 Handicapped Children:
Spina Bifida & Hearing Impaired)

* Co-Director of the Governor's
Conference on Handicapped
Individuals

and

Learning Disability Son

STATE WHITE HOUSE CONFERENCE

SUMMARY

STATE Pennsylvania

CONFERENCE DATE (S) December 1, 2, 3, 1976

CONFERENCE SITE (S) Hershey Motor Lodge and Convention Center

Hershey, Pa. 17033

CONFERENCE ATTENDEES:

NUMBER OF DELEGATES 291 258 registered 323 volunteers

NUMBER OF OBSERVERS 651 60 not registered

NUMBER OF HANDICAPPED DELEGATES:

BY DISABILITIES 153

(See Attachment 1)

NUMBER OF PARENTS (GUARDIANS)

OF HANDICAPPED INDIVIDUAL: 71 (See Attachment 1)

ORGANIZATIONS REPRESENTED 61

(See Attachment 2)

UNIVERSITIES REPRESENTED	20	
	(See Attachment 3)	
AGENCIES REPRESENTED	37	
	(See Attachment 4)	
OTHERS (Please specify)	AFL-CIO Comm. Serv. Committee	
	Governmental Agencies	(See Attachment 5)
	Hospitals	(See Attachment 5)

NARRATIVE SUMMARY OF CONFERENCE CONCLUSIONS AND RECOMMENDATIONS:

During the months of August and September, 14 Regional Forums were held in 8 Regions across the state of Pennsylvania. Two thousand persons, (the majority being handicapped or parents of handicapped) identified the problems and concerns of the handicapped. It was at the Reional Forums that the delegates to the Governor's Conference on Handicapped Individuals were nominated and selected on the formula basis of 50% handicapped, 25% parents of handicapped and 25% others.

The Pennsylvania Governor's Conference on Handicapped Individuals was then held at Hershey Convention Center, Hershey, Penna. on December 1, 2 and 3, 1976. A total of 922 persons attended this conference.

The conference opened with registration from 12:00 noon to 4:30 P.M. on December 1, 1976. A film festival was held between 2:00 and 4:00 P.M. An exhibit area including 15 educational exhibits and 29 commercial exhibits opened at 2:00 P.M. and continued to be open until 6:00 P.M.

The Keynote Banquet with Governor Milton J. Shapp as speaker opened the formal session of the conference with Carl and Rowena Odhner, Co-Directors of the conference presiding.

After the banquet a social mixer was held, planned and directed by the Pennsylvania Therapeutic Recreation Society. There was group singing, group and square dancing and much good fellowship and fun. This proved to be an excellent "ice-breaker".

NARRATIVE SUMMARY OF CONFERENCE CONCLUSIONS AND RECOMMENDATIONS (continued)

The working session of the conference began on Thursday, December 2, 1976 with nine (9) morning workshop sessions and ten (10) afternoon sessions. The morning workshop sessions were held from 9:00 A.M. to 12:00 noon and addressed the topics listed under Social Concerns, Economic Concerns and parts of Health Concerns. The afternoon workshop sessions were held from 1:00 to 4:30 P.M. and addressed the topics under Education Concerns, Special Concerns and the balance of Health Concerns. Each delegate chose a topic workshop for the morning and afternoon sessions.

Session rooms were set up with tables placed in a square to accomodate the delegates, moderators, resource persons and the recorder. All observers were then seated around the perimeter of the room. Observers participated in the discussion of the sessions after being properly acknowledged by the moderator. All sessions were recorded by tape recorder and a stenographer.

At the end of the Thursday afternoon session volunteer stenographic students typed the proceedings in report form. These were then returned to each moderator to edit and use for the Friday morning session.

After dinner each of the eight (8) regions held a caucus to nominate the persons from each region to be considered as delegates to the White House Conference on Handicapped Individuals. One person was to be nominated for each five delegates attending the Governor's Conference on Handicapped Individuals. Forty-eight (48) persons were nominated.

When all caucuses had adjourned a social and dance was held. Music was provided by the Elizabethtown College Jazz Ensemble.

On Friday, December 3, 1976 nine (9) workshop sessions were conducted from 9:00 to 10:30 A.M. and ten (10) workshop sessions were conducted from 10:30 A.M. to 12:00 noon. These finalizing sessions were held in order that all reports could be completed.

The conference closed with a luncheon at which Lieutenant Governor Ernest P. Kline was principal speaker. A short wrap-up session followed the luncheon and Mr. Carl Odhner then adjourned the conference at 3:00 P.M.

Many of the delegates attending the Pennsylvania Governor's Conference on Handicapped Individuals had never attended a state conference before. Just experiencing the opportunity to participate in this conference and to work with people representing all types of handicaps was both an educational and psychological side benefit to these delegates. It was expressed many times that one of the great values of both the 14 regional forms and the Governor's Conference were that over 2,500 different people were involved addressing the problems and concerns of ALL handicapped people of Pennsylvania.

FORUMS

<u>Region</u>	<u>Dates</u>	<u>Sites</u>	<u>Number of Attendees</u>
I	September 11	Civic Center Philadelphia	307
II	September 11	Lehigh County Community College Schnecksville	184
III	September 15	Elizabethtown Hospital for Children and Youth Elizabethtown	106
IV	September 16	Conference Center of State College University Park	111
	September 16	St. Johns United Methodist Church Williamsport	115
	September 17	Geisinger Medical Center Danville	40
V	September 16	Bell Telephone Building Pittsburgh	300
	September 17	Slippery Rock State College Slippery Rock	115
	September 20	Community Center Apollo	110
	September 21	Jablonski Clinic Centerville	120
VI	September 10	Holiday Inn Brookville	42
	September 11	Holiday Inn Brookville	
	September 24	Edinboro State College Edinboro	321
	September 25	Edinboro State College Edinboro	
VII	August 6	Altoona Area High School Altoona	35
	September 11	Pittsburgh University Science/Engineering Bldg. Johnstown Campus	102
VIII	September 18	Tunkhannock High School Tunkhannock	97

PENNSYLVANIA GOVERNOR'S CONFERENCE ON HANDICAPPED INDIVIDUALS - ATTACHMENT 1

NUMBER OF HANDICAPPED DELEGATES:
BY DISABILITY

<u>DISABILITY</u>	<u>HANDICAPPED DELEGATE</u>	<u>PARENT DELEGATE</u>
Amputee	11	
Arthritis	4	
Birth Defect	2	3
Blind/Brain Damaged	1	1
Blind/deaf	1	2
Brain Damage	1	1
Burns	1	
Cerebral Palsy	23	7
Congenital Deformity	1	1
Cystic Fibrosis		3
Diabetes	1	
Downs Syndrome		2
Dwarfism	1	1
Epilepsy	3	
Fredix atarxi	3	
Hearing Impaired	18	8
Hemophila	1	
Kugelberg-Wayland Syndrome	1	
Learning Disability		1
Leg Damage	1	
Meningocele		1
Mental Retardation	5	14
Multiple Sclerosis	5	
Multiple Sclerosis and Brain Damage	1	
Muscular Dystrophy	3	2
Muscular Dystrophy and Blind	1	
Mute- Quadraplegic		1
Myelomengocele		1
Orthopedic	1	
Osteogenesis Imperfecto	1	1
Paralysis	3	
Paraplegia	7	1
Polio	12	1
Quadraplegic	5	
Respiratory	2	
Speech		1
Spina Bifida	1	11
Spinal Cord Injury	1	1
Stroke	1	
Visually Handicapped	26	3
Not identified by delegate	4	3
TOTAL	153	71
TOTAL NUMBER OF DELEGATES	291	

PENNSYLVANIA GOVERNOR'S CONFERENCE ON HANDICAPPED INDIVIDUALS - ATTACHMENT 2

ORGANIZATIONS REPRESENTED

ORGANIZATION

Able Disabled
Achilles Club
Adult Handicapped Association
Advocates of Developmentally Disabled
American Blind Lawyers
American Diabetes Association
Association for Handicapped Students, Edinboro State College
Association for the Hearing Impaired
Association of Friends of Elizabethtown Hospital for Children and Youth
Association for Improvement on Deaf Education
Association for Children with Learning Disabilities
Association for the Blind and Handicapped
American Association of Retired Persons
Aurora Club
Bell Telephone Pioneers
Breathing Partners
Boy Scouts of America
Capital Area Parents Association for Hearing Impaired
Catholic League for Orthopedic Handicapped
Council on Service for the Deaf
Deaf Senior Citizens of Philadelphia
Deafness Council of S.E. Pennsylvania
Delaware Council of Service of Handicapped
Delaware Valley Association for Handi and Handicapped Adults
Disability Discrimination Advocacy Project
Disabled in Action of Pennsylvania
Disabled American Veterans
Easter Seal Society of Pennsylvania
Eastern Paralyzed Veterans
Epilepsy Foundation
Efficiency Council of Central Pennsylvania
Federation of the Blind
Friends of Partners in Progress
Handicaps Unlimited
Helping Hands Club
Indoor Sports Club, Inc.
Keystone Club
Liberty Alliance
Mainstream Students of Edinboro
Moss Rehab. Alumni
Martial Arts for the Handicapped
Multiple Sclerosis
Muscular Dystrophy
Myleomengocele Parents of St. Christophers Hospital

ORGANIZATION

Open Doors for the Handicapped
Operation Overcome
Overbrook School for the Blind Alumni Association
Parent Association for Hearing Impaired Children
Parent Organization of Western Penna. School for the Deaf
Parents of Deaf
Partners in Progress
Path, Inc.
Pennsylvania Association of Retarded Citizens
Pennsylvania Recreation and Park Society
Pennsylvania Rehabilitation Center Alumni
Pennsylvania Society for the Advancement of the Deaf
Pennsylvania Therapeutic Recreation Society
Pittsburgh Rivals
Professional Rehab. Works with Adult Deaf
Progressive Education for Rubella Children
Red Cross Courage Club
Ronald Bruce Nipon Association
Senior Citizens
Spina Bifida Association
Steady Strivers
The Hope Club
United Cerebral Palsy of Pennsylvania

COLLEGES/UNIVERSITIES REPRESENTED:

Bloomsburg State College
Central Pennsylvania Business School
College of Medicine, Penn State Hershey Medical Center
Community College of Philadelphia
Edinboro State College
Elizabethtown College
Harrisburg Community College
Lebanon Valley College
Lincoln University
Mansfield State College
Millersville State College
Montgomery County Community College
Penn State University
Practical Nursing School of Pennsylvania
Shippensburg State College
Slippery Rock State College
Temple University
Thompson Institute
Widener College
York College of Pennsylvania

PENNSYLVANIA GOVERNOR'S CONFERENCE ON HANDICAPPED INDIVIDUALS - ATTACHMENT 4

AGENCIES REPRESENTED:

All Saints Church for the Deaf
American Heart Association
Blind Action Coalition
Center for the Blind
Christmas Seal League
Community Progress Council
Community Service Center for the Deaf
Counseling Services for the Deaf
Cystic Fibrosis Foundation
Delaware Valley Luthern Church of the Deaf
Easter Seal Society
Episcopal Community Services
Gertrude Barber Center
Goodwill Industries
Habilitation, Inc.
Hispanio-American Council
Industries, Limited
Inglis House
Kisti Valley Opportunities Unlimited
Kurtz Training Center
Library of the Blind and Physically Handicapped
Mechanicsburg Rehabilitation Center
Mental Health Association
New Castle Library
Pathfinder
Pennsylvania Association for the Blind
Pennsylvania Association of Rehabilitation Facilities, Inc.
Project Connect
Radio-Tele Communications for the Deaf
Rehab Center Workshop
Sheltered Employment Services
Society for Helping Church, Inc.
United Rehabilitation Services
United Way
Vocational Rehabilitation Center of Allegheny County
Woodhaven
Young Adult Handicapped

OTHERS REPRESENTED:

GOVERNMENTAL AGENCIES:

Affirmative Action Offices
Architectural & Transportation Barriers
Compliance Board (Washington, D. C.)
Beaver County Agency on Aging
County MH/MR Offices
Department of Community Affairs
Bur. of Recreation & Conservation
Department of Education
Intermediate Units
Department of Environmental Resources
Bureau of State Parks
Department of Health
Division of Acute Care
Home Health Services
Department of Labor and Industry
Bureau of Employment Security
Bureau of Vocational Rehabilitation
Committee on Employment of the Hdcp
Department of Transportation
Department of Public Welfare
Office for the Aging
Office of Mental Health
Office of Mental Retardation
Office of Visually Handicapped
Governor's Office
Developmental Disabilities Planning
& Advisory Council
Human Relations Commission
Integrated Services Specialist
Office for Human Resources
Pennsylvania Council on the Arts
Pennsylvania 4-H Offices
Pennsylvania House of Representatives
Pennsylvania Senate
Philadelphia Anti-Poverty Action Commission
School Districts
Scranton State School for the Deaf
Wilkes Barre Recreation Board
United State Congress

HOSPITALS:

Allentown State Hospital
Children's Hospital of Pittsburgh
Coatsville Veterans Adm. Hospital
Elizabethtown Hospital for Children
and Youth
Geisinger Medical Center
Good Shepherd Home and Hospital
Hahnemann
Harmerville Rehabilitation Hospital
Haverford State Hospital
Hollidaysburg State Hospital
Lewistown Hospital
Magee Memorial Hospital
Milton S. Hershey Medical Center
Moss Rehabilitation Hospital
Norrictown State Hospital
Pennhurst State School & Hospital
St. Francis General and Rehabilitation
Hospital
St. Joseph C & M Hospital
Selingsgrove State School and Hospital
Warren General Hospital
Williamsport Hospital
Jefferson Medical College

HEALTH CONCERNS (HEC)

[illegible]

STATE WHITE HOUSE CONFERENCE ON HANDICAPPED INDIVIDUALS

SUMMARY SHEET*

STATE Pennsylvania

SOCIAL CONCERNS (SOC)

FORUM TOPICS						ISSUES											
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
I. Attitudes of the General Public Toward Handicapped Individuals	X	X			X	X											
II. Psychological Adjustment of Handicapped Individuals and Their Families	X		X	X	X	X											
III. Recreation	X	X	X	X													
IV. Participation in Cultural Activities		X				X											
V. Architectural Accessibility	X	X	X	X													
VI. Transportation Accessibility	X				X												
VII. Communications: Techniques, Systems, Devices	X	X	X	X													

* Refer to Issue Code on page and check each Issue that has been addressed by State Conference and for which recommendations have been forwarded to White House Conference on Handicapped Individuals.

ECONOMIC CONCERNS (ECC)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
I. Employment		X									X				
II. Economic Opportunity		X					X								
III. Economic Security									X	X					

* Refer to Issue Code on page and check each Issue that has been addressed by State Conference and for which recommendations have been forwarded to White House Conference on Handicapped Individuals.

SUMMARY SHEET*

EDUCATIONAL CONCERNS (EDC)

18

* Refer to Issue Code on page and check each Issue that has been addressed by State Conference and for which recommendations have been Forwarded to White House Conference on Handicapped Individuals.

STATE WHITE HOUSE CONFERENCE ON HANDICAPPED INDIVIDUALS

SUMMARY SHEET*

STATE Pennsylvania

SPECIAL CONCERNS (SPC)

FORM TOPICS	ISSUES														
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
I. Problems of the Severe or Multiple Handicapped				X			X	X							
II. Community and Residential Based Housing	X		X		X	X	X		X	X					
III. Service Delivery Systems	X				X										
IV. Civil Rights of the Handicapped	X	X	X		X			X		X	X				
V. Unique Problems of Handicapped Minorities			X												
VI. Unique Problems of Disabled Veterans	X	X	X						X						
VII. Unique Problems of the Handicapped Aging			X					X							

* Refer to Issue Code on page and check each Issue that has been addressed by State Conference and for which recommendations have been Forwarded to White House Conference on Handicapped Individuals.

Commonwealth of Pennsylvania
GOVERNOR'S CONFERENCE ON HANDICAPPED INDIVIDUALS
500 State Street Bldg. N.W. Corner of Third & State Streets
Harrisburg, Pa. 17101

ISSUE REPORTING FORM

I. CONCERN AREA: HEALTH TOPIC: RESEARCH

ISSUE CODE NO. HEC I-4 PREPARED BY: Dr. Eleanora Gordon

State the issue below. (One issue per page)

How can we demonstrate the benefits of research findings to professional and other user groups?

II. PROPOSED SOLUTION(S)

A. Instructions:

1. Indicate primary level of effect by placing (F) federal, (S) state, (L) local, (P) private, before stating solution.
2. Solution(s) Statement: State the proposed solution(s) succinctly but fully in the space provided below. If more than one solution is included number each consecutively.
3. Implementation Statement: State the proposed matter for implementing each of the proposed solutions after the solution statement.
4. Use additional blank sheets as required. Number each additional page and attach.

B. Results:

(F) National Clearinghouse of Information. There is a need for a readily available succinct digest of up-to-date research efforts and benefits including those in progress and those completed. This research summary must be appropriate for a wide variety of disabilities and for a wide variety of professionals and users of different backgrounds and interests.

Implementation Plan:

- (a) A national listing of research projects in progress or completed should be maintained by an appropriate federal agency.
- (b) Computer technology should be utilized to provide information that can be disseminated and evaluated by a wide variety of professionals.

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B. Results:

(F) (S) (P) Videotape Programs. New portable videotaping equipment is a valuable tool in public education. Expert technicians and writers could put together videotaped programs demonstrating the benefits of research findings for a wide variety of professionals and users. The content of the program could be aired at the specific audience for whom it was intended.

Implementation Plan:

Grant requests for funding for research could include a specified sum for the creation of videotape programs about the research. Grantors, both public and private, should expect to fund videotape educational programs as a routine part of every grant. Wherever possible handicapped individuals should be used in preparation of these programs.

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ISSUE REPORTING FORM

I. CONCERN AREA: HEALTH TOPIC: RESEARCH

ISSUE CODE NO. HEC I-7 PREPARED BY: Dr. Eleanora Gordon

State the issue below. (One issue per page)

How can private and public sectors establish a comprehensive research program with emphasis on the causes of all types of handicapping conditions?

II. PROPOSED SOLUTION(S)

A. Instructions:

1. Indicate primary level of effect by placing (F) federal, (S) state, (L) local, (P) private, before stating solution.
2. Solution(s) Statement: State the proposed solution(s) succinctly but fully in the space provided below. If more than one solution is included number each consecutively.
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B. Results:

(F) National Foundation. Private and public sectors involved in research into handicapping conditions need funding, direction, and exchange of ideas. An organization called The National Institute of Handicapping Conditions could provide funds for research on a continuing basis, provide stimulation and direction into research areas of demonstrable effectiveness, and coordinate the results. It could be a central source of information for all research that has been completed or is in process of development.

Implementation Plan:

The National Institute of Handicapping Conditions can be organized at the Federal level in a manner similar to the National Institutes of Health or it can be a subdivision of the National Institutes of Health.

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ISSUE REPORTING FORM

I. CONCERN AREA: HEALTH TOPIC: TECHNOLOGY

ISSUE CODE NO. HEC II-4 PREPARED BY: Dr. Dorothea Glass

State the issue below. (One issue per page)

How can the handicapped person be protected from Charlatan technology?

II. PROPOSED SOLUTION(S)

A. Instructions:

1. Indicate primary level of effect by placing (F) federal, (S) state, (L) local, (P) private, before stating solution.
2. Solution(s) Statement: State the proposed solution(s) succinctly but fully in the space provided below. If more than one solution is included number each consecutively.
3. Implementation Statement: State the proposed matter for implementing each of the proposed solutions after the solution statement.
4. Use additional blank sheets as required. Number each additional page and attach.

B. Results:

1. (F) (S) (L) (P) Mass Media Programs:

Implementation Plan:

Dissemination of information through programs of the mass media including special devices and techniques for the visually and hearing impaired to use mass media. These programs should be developed in cooperation with handicapped individuals and through organization of local and state non-profit and volunteer organizations servicing the handicapped. FCC regulations should be developed to enforce provisions for appropriate local programming and services by radio and television.

2. (F) (S) (L) Enforcement of existing legislation and watchdogging:

Implementation Plan:

Consumer Protection programs should be expanded to serve the handicapped.

Solution/Implementation Plans Continued:

3. (L) (P) Monitoring by Professionals:

Implementation Plan:

Strengthen existing programs within the state responsible for regulation of medical devices, etc.

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ISSUE REPORTING FORM

I. CONCERN AREA: HEALTH TOPIC: TECHNOLOGY

ISSUE CODE NO. HEC II-5 PREPARED BY: Dr. Eleanora Gordon

State the issue below. (One issue per page)

How can the interests of handicapped persons across the country be better served by improved communications including telecommunications (audio-visual) in the health field?

II. PROPOSED SOLUTION(S)

A. Instructions:

1. Indicate primary level of effect by placing (F) federal, (S) state, (L) local, (P) private, before stating solution.
2. Solution(s) Statement: State the proposed solution(s) succinctly but fully in the space provided below. If more than one solution is included number each consecutively.
3. Implementation Statement: State the proposed matter for implementing each of the proposed solutions after the solution statement.
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B. Results:

(F) (S) (L) (P) Education of Health Professionals. Since the health field is not conversant with the problem of handicapped individuals, it is recommended that a major effort be undertaken to lessen the minimal understanding by physicians and other health professionals of (1) the biologic, psychologic and social needs of handicapped individuals of all ages, (2) the therapeutic interventions indicated for their optimal functioning, and of (3) the team approach basic to a comprehensive delivery system.

Implementation Plan:

- (a) All closed circuit T.V. programs and seminars included in programs of Continuing Education of Physicians and other health professionals shall have teaching content in the areas of diagnosis, treatment and rehabilitation of handicapped individuals of all ages.
- (b) Departments of Physical Medicine and Rehabilitation shall be mandated to prepare materials for educating physicians and other health professionals on the needs, modern therapies and resources available in behalf of handicapped individuals irrespective of age or disabling conditions.
- (c) Financial support shall be available from public and private sources (1) to develop motion pictures, slide sounds, etc., and (2) to distribute these to educational institutions toward the goals of better informed and educated personnel in the health field.

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B. Results:

(F) (S) (L) (P) Maximum Utilization of Mass Media. It is recommended that a concerted, nationwide effort be instituted to insure the fullest use of all communication media to guarantee access of handicapped individuals to all news events and to audiovisual cultural and educational programs.

Implementation Plan:

- (a) All necessary techniques, i.e., interpreters, "captioned" news, shall be utilized by public and private telecommunications to insure that handicapped individuals shall have access to news events so that information about current events and knowledge of what to ask for shall be available to handicapped persons.
- (b) All media shall be utilized to create increased awareness and understanding of the needs, interests and abilities of handicapped persons on the part of all able-bodied citizens in the United States. A state consortium of organizations of handicapped persons and providers shall develop appropriate programs for mass media. Handicapped individuals should be involved in the development of the programs. FCC regulations for local public interest programming should be utilized.

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ISSUE REPORTING FORM

I. CONCERN AREA: HEALTH TOPIC: DIAGNOSIS

ISSUE CODE NO. HEC III-3 PREPARED BY: Dr. Dorothea Glass

State the issue below. (One issue per page)

What is the most effective and efficient way to insure early identification of handicapping conditions?

II. PROPOSED SOLUTION(S)

A. Instructions:

1. Indicate primary level of effect by placing (F) federal, (S) state, (L) local, (P) private, before stating solution.
2. Solution(s) Statement: State the proposed solution(s) succinctly but fully in the space provided below. If more than one solution is included number each consecutively.
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B. Results:

(F) (S) (L) (P) Accreditation and Funding Controls of Medical Teaching Programs:

Implementation Plan:

- (a) Accreditation and funding should be used to enforce the requirement that all medical and nursing schools should include in their curriculum specific and extensive teaching in the diagnosis and treatment of the disabled, including screening, evaluation, and detection for early identification of potentially impairing conditions or processes.
- (b) Teaching hospitals should be required by accrediting and funding groups to provide students, trainees, and residents with practical experience in screening, detection, and early identification of potentially handicapping developments in patients and as part of periodic checkups.

(F) (S) (L) (P) Consumer and teacher education:

Implementation Plan:

Consumer-teacher education must continue to stress the importance of awareness and early identification and treatment of handicaps.

Commonwealth of Pennsylvania
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ISSUE REPORTING FORM

I. CONCERN AREA: HEALTH TOPIC: DIAGNOSIS

ISSUE CODE NO. HEC III-3 PREPARED BY: Dr. Eleanora Gordon

State the issue below. (One issue per page)

What is the most effective and efficient way to insure early identification of handicapping conditions?

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- B. (F) Coordination and Review by HEW. All existing national programs or programs utilizing federal funds for research in the field of early identification of handicapping conditions should be evaluated, coordinated into a single comprehensive program to prevent duplication of effort and to permit the most efficient expenditure of funds.

Implementation Plan:

The Department of Health, Education and Welfare should provide the funds and the personnel to coordinate, evaluate and plan research and treatment programs for early identification of handicapping conditions.

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B. Results:

(S) Maximum Utilization of State Health Departments. State Departments of Health assume responsibility for many aspects of medical care, including a wide array of services for infants and children. Department of Health programs involved in early identification of handicapping conditions should be publicized, utilized, and expanded. Such programs might include well baby clinics staffed by professionals and paraprofessionals trained in early detection of handicapping conditions, expansion and improvement of all screening programs, and public education programs stressing the importance of prevention, diagnosis, and treatment.

Implementation Plan:

- (a) Federal funds should be used for any start-up costs involving new equipment and for training additional professional and paraprofessional help. The state legislatures must be educated by professionals to perceive early identification as a major priority in the appropriation of health care funds. State funds for on-going service should be adequate and continuous.
- (b) The public and the health professionals should be educated about the distribution and availability of early identification services run by the state Health Departments.

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4. Use additional blank sheets as required. Number each additional page and attach.

B. Results:

(L) (P) Community Hospital Centers. Community hospitals provide a wide variety of services at the local level. They should undertake the responsibility for providing diagnostic and screening services for early identification of handicapping conditions on both an inpatient and an outpatient basis. These services should be provided free or at minimum charge.

Implementation Plan:

- (a) Community hospitals might develop a working arrangement with the state Department of Health to share space and personnel. The Department of Health could set uniform procedures and insure quality control.
- (b) A medical school or university could train professionals and paraprofessional personnel at all levels in early identification by affiliation with a number of community hospitals under proper supervision.
- (c) Third party payment could be expanded to include all early identification diagnostic techniques on an in or out-patient basis.

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ISSUE REPORTING FORM

I. CONCERN AREA: HEALTH TOPIC: DIAGNOSIS

ISSUE CODE NO. HEC III-8 PREPARED BY: Dr. Eleanora Gordon

State the issue below. (One issue per page)

How can we assure that effective treatment will follow diagnosis?

II. PROPOSED SOLUTION(S)

A. Instructions:

1. Indicate primary level of effect by placing (F) federal, (S) state, (L) local, (P) private, before stating solution.
2. Solution(s) Statement: State the proposed solution(s) succinctly but fully in the space provided below. If more than one solution is included number each consecutively.
3. Implementation Statement: State the proposed matter for implementing each of the proposed solutions after the solution statement.
4. Use additional blank sheets as required. Number each additional page and attach.

B. Results:

(S) Consumer Advisory Board. One of the obstacles to effective treatment is complicated inaccessible service from state agencies. Any health service must be readily available, realistically planned, simple to obtain and free of excess paper work. A Consumer Advisory Board would be able to help state agencies make their programs feasible.

Implementation Plan:

A Consumer Advisory Board composed of consumers, including the handicapped, should function as a part of the state Department of Health. This Board would be charged with helping the Department of Health with realistic implementation of programs. The Board would advise about such problems as clinic hours, locations, language problems and architectural barriers. The Board would not set policy but would help the state Health Department make their programs work.

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ISSUE REPORTING FORM

I. CONCERN AREA: HEALTH TOPIC: DIAGNOSIS

ISSUE CODE NO. HEC III-8 PREPARED BY: Dr. Dorothea Glass

State the issue below. (One issue per page)

How can we assure that effective treatment will follow diagnosis?

II. PROPOSED SOLUTION(S)

A. Instructions:

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B. Results:

(F) Accreditation and Funding of Medical Schools:

Implementation Plan:

Medical school and residency training of primary physicians and specialists in the diagnosis and treatment of handicapping conditions must be improved by including requirements for this in the rules for accreditation and funding.

(S) Economic Incentives to Physicians.

Implementation Plan:

Economic and educational incentives and sanctions should be used to make sure that well trained and conscientious physicians go into practice in local communities, especially in rural areas.

(S) Citizen Advocacy Groups for Training Professionals:

Implementation Plan:

Handicapped Citizen Advocacy groups should apply pressure to require by state

Implementation Plan (Continued)

legislation that county dental societies develop a plan to provide comprehensive dental care in local communities to all handicapped individuals. (This would require education and sensitization programs for the dentists about attitudinal and architectural barriers put on and required by the dental societies.

(F) Computer Assisted Diagnosis and Treatment Systems:

Implementation Plan:

HEW should develop automated computer systems regionally to provide information to assist physicians in determining diagnosis and implementing a planned treatment and management program, attending to both the physical and psycho-social needs.

(L) Integration of Treatment with Transportation:

Implementation Plan:

Transportation to and from treatment resources or centers must be an integral part of an acceptable health care system and funding and services must be so provided.

(S) (L) Monitoring Through Follow-Up:

Implementation Plan:

Follow up data about treatment after diagnosis must be collected by questionnaire or other data collection tool(s). This could be done through the State Health Department network. A professional group should be funded at the regional level to monitor this system and ensure proper treatment is provided when needed.

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ISSUE REPORTING FORM

I. CONCERN AREA: HEALTH TOPIC: PREVENTION

ISSUE CODE NO. HEC IV-1 PREPARED BY: Dr. Dorothea Glass

State the issue below. (One issue per page)

How can a higher priority in the allocation of national and state health resources be given to prevention:

II. PROPOSED SOLUTION(S)

A. Instructions:

1. Indicate primary level of effect by placing (F) federal, (S) state, (L) local, (P) private, before stating solution.
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B. Results:

(F) (S) (L) Lobbying to Accomplish Legislation:

Implementation Plan:

- (a) Legislation (a bill) on the federal, state and local level should be introduced and passed providing that all existing health insurance programs, either government or private, and any future national health insurance programs should be required to incorporate and fund preventive medicine and dentistry and counseling as an integral part of the program.
- (b) In order to accomplish the above and to maintain a preventive health program, an intensive lobbying campaign is to be organized by consumers, professionals, and representatives of corporations to bring available information on the cost benefits of preventive health care to the attention of federal and state legislators and to educate them. This should be started in the next few months by an organizational meeting of disabled and able-bodied people in consumer health and education.

Implementation Plan (Continued):

- (c) Once organized, this group (lobby), on the state and local levels, should pressure the Departments of Health to expand the use of health personnel in preventive services such as public education about preventable disease and accidents; industrial and environmental exposures and their monitoring and prevention; improvement and broadening of genetic counselling and pre-natal services including monitoring; improvement and broadening of well baby care especially early identification of potentially dangerous or disabling developments; education of parents and children about the importance of proper living habits, exercise, rest, abuse of food, tobacco, alcohol, narcotics and other drugs, accident and poisoning prevention; better driver education and periodic driver reevaluations; enforcement of safety requirements and pollution controls for automobile manufacturers. Nurse practitioners and physicians' assistants could be trained and used to provide these preventive services.
- (d) Education and lobbying as in number (c) should result in legislation providing incentives for seeking out and use of preventive services. These incentives are a tax write-off on state and federal income taxes to cover cost of preventive services, and/or tax credit to any individual who uses preventive services.

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ISSUE REPORTING FORM

I. CONCERN AREA: HEALTH TOPIC: PREVENTION

ISSUE CODE NO. HEC IV-9 PREPARED BY: Dr. Eleanora Gordon

State the issue below. (One issue per page)

What research efforts are needed in the field of prevention to increase our understanding of the causative influences of various hazards and their combined effects in, for example, cross hazard impact studies (asbestos and smoking), long-term exposure studies, specific etiologies of disabilities and disabling diseases, preventive methodologies and strategies?

II. PROPOSED SOLUTION(S)

A. Instructions:

1. Indicate primary level of effect by placing (F) federal, (S) state, (L) local, (P) private, before stating solution.
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B. Results:

(F) On-going research efforts to study the possible long range deleterious effects of environmental hazards including: water pollution, air pollution, nuclear activity, environmental stress, food additives and excess dietary sugar should be made collaborative.

Implementation Plan:

- (a) Extensive research efforts involving environmental hazards are best set up in a collaborative study project which has been carefully designed by expert researchers. It should be run by a federal agency to insure objectivity, and federal funds should be provided. The participants in the collaborative study should be chosen from universities with appropriate equipment, personnel, expertise and interest.
- (b) Definitive results should be publicized by a federally funded public awareness campaign.

ISSUE REPORTING FORM

State the issue below. (One issue per page)

II. PROPOSED SOLUTION(S)

B. (F) Advertising Campaign. Preventive services could be promoted by merchandising techniques drawn from the world of advertising, free from professional authority, bureaucracy and threatening scare tactics.

The World Health Organization has had extensive experience in "selling" preventive medicine to underdeveloped countries. It could be a valuable resource for a national awareness campaign run by the Department of HEW.

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ISSUE REPORTING FORM

I. CONCERN AREA: HEALTH TOPIC: PREVENTION

New/
ISSUE CODE NO. HEC IV- PA PREPARED BY: Dr. Eleanora Gordon

State the issue below. (One issue per page)

Prematurity and low birth weight are major causes of mental retardation and other handicapping conditions. How can research efforts to cut down the incidence of low birth weight babies be efficient and productive?

II. PROPOSED SOLUTION(S)

A. Instructions:

1. Indicate primary level of effect by placing (F) federal, (S) state, (L) local, (P) private, before stating solution.
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B. Results:

(F) (S) Collaborative Research and Individual Research Projects. Federal funding for long range collaborative studies now in progress should be continued. Funding for smaller projects could be dispersed by the states from federal funds allotted to them for research in low birth weight factors. Funds could go to medical centers, treatment centers and hospitals which have demonstrated particular expertise and interest in evaluating such factors as maternal alcoholism, smoking, maternal malnutrition, teenaged mothers, hormonal dysfunctions, environmental deprivation and obstetrical abnormalities.

No specific Implementation Plan was offered.

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ISSUE REPORTING FORM

I. CONCERN AREA: HEALTH TOPIC: TREATMENT

ISSUE CODE NO. HEC V-5 PREPARED BY: Dr. Eleanora Gordon

State the issue below. (One issue per page)

How can handicapped persons participate actively in the development and implementation of treatment programs which affect them?

II. PROPOSED SOLUTION(S)

A. Instructions:

1. Indicate primary level of effect by placing (F) federal, (S) state, (L) local, (P) private, before stating solution.
2. Solution(s) Statement: State the proposed solution(s) succinctly but fully in the space provided below. If more than one solution is included number each consecutively.
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B. Results:

(F) (S) (L) (P) Evaluation Through Follow-Up. Individuals discharged from a state or private institution serving the disabled (including nursing homes) may provide valuable information about the success of that institution's rehabilitative efforts.

Implementation Plan:

The institution could develop a contractual obligation with an agency for a joint patient management plan which could lead to follow up and evaluation.

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ISSUE REPORTING FORM

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ISSUE CODE NO. HEC V-5 PREPARED BY: Dr. Eleanora Gordon

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B. Results:

(P) Expanded Use of Handicapped Individuals in Provider's Administration. It is recommended that handicapped individuals assume an expanded role in all aspects of planning, implementing and evaluating treatment programs designed to provide diagnostic, curative, rehabilitative, preventive services to disabled persons of all ages.

Implementation Plan:

- (a) Public and private agencies serving the handicapped shall be required to appoint handicapped individuals to their Advisory Boards and planning bodies.
- (b) Handicapped individuals shall be prepared by community programs responsible to train citizens and interested parties to serve as volunteers, in roles as advocates, as assistants in clinical treatment programs and as advisors to consumers utilizing treatment resources.
- (c) Organizations of the Disabled shall develop training programs for their handicapped members and prepare these handicapped individuals to serve as enlightened consumer groups that can articulate needs, influence legislators and the public, and insure entitlements by those in need.

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B. Results:

(F) (S) (P) Expansion of Educational Opportunities for the Handicapped.

Educational opportunities for handicapped individuals in such professions or services as medical technology, vocational counseling, politics, laboratory workers, administrators, psychologists, educators, social workers should be expanded.

Implementation Plan:

There must be increased funding and scholarship aid at all levels-federal, state and private. Proper vocational planning and counseling should begin in junior high school. Architectural barriers in professional schools should be reduced. The Bureau of Vocational Rehabilitation's restrictions on age and educational level should be removed.

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ISSUE REPORTING FORM

I. CONCERN AREA: HEALTH TOPIC: TREATMENT

ISSUE CODE NO. HEC V-6 PREPARED BY: Dr. Eleanora Gordon

State the issue below. (One issue per page)

How can handicapped individuals afford to pay for comprehensive and quality treatment in the face of rising costs?

II. PROPOSED SOLUTION(S)

A. Instructions:

1. Indicate primary level of effect by placing (F) federal, (S) state, (L) local, (P) private, before stating solution.
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B. Results:

(F) (S) (L) (P) Education of the Disabled Consumer about Programs. It is recommended that each handicapped individual shall have ready access to the fullest information about comprehensive health and medical care resources provided by a multiplicity of Federal, State, Local and special voluntary agencies that are mandated to pay for comprehensive treatment. Such information should set forth clearly the consumer's rights and entitlements to financial assistance with the cost of comprehensive, quality treatment.

Implementation Plan:

(a) The FCC shall require that all mass media shall regularly communicate the availability of resources for financing comprehensive, quality treatment of handicapped individuals, identifying those resources for children, adults, the blind, the deaf, the mentally ill and developmentally disabled, the aged impaired and the severely disabled.

(b) Advocate groups shall insure that handicapped individuals understand their rights and entitlements in view of the fragmented, non-coordinated series of federal and state programs with varying eligibility policies based on age, income, disabling conditions, etc.

(c) Bureaucratic lines of organization should cease being barriers to sharing of information and cooperation for service. All state agencies should cooperate to meet the needs of the disabled individual without being limited by categorical funding.

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B. Results:

- (F) (S) (L) Efficient Comprehensive Health Care System. It is recommended that the delivery of comprehensive services to handicapped individuals reflect a system that (1) coordinates currently disjointed, fragmented programs, (2) insures proper distribution of service facilities and funding to all communities; (3) enables effective patient flow through a series of levels of care provided in a variety of settings with special emphasis on in-home services, and (4) mandates follow up to avert costly recidivism due to lack of follow up services.

Implementation Plan:

- (a) The Federal Government shall develop guidelines that mandate coordination between health and rehabilitative services funded by the federal programs for handicapped individuals over a continuum of the disabled person's need for comprehensive treatment.
- (b) The Federal Government shall insure appropriate, equitable distribution of funds for delivery of comprehensive treatment required by all handicapped, not just "Developmentally Disabled" individuals; shall monitor the system essential to the goals of equitable, available resources.

Implementation Plan: (Continued)

- (c) State governments shall require evidence of mechanisms that support continuity of patient care from all agencies and facilities receiving public monies to provide comprehensive treatment to handicapped individuals throughout their life continuum.
- (d) All health care professionals shall receive education concerning the elements of a coordinated service delivery system to enhance their knowledge of the component parts necessary, their role in the network and their advocacy to the goals of a comprehensive system in America.

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B. Results:

(S) (L) Cooperation between In-Home and Outpatient Service Providers. There is a need for expanded cooperation between outpatient service providers and in-home service providers to reduce the cost of care by improvements in self care skills and acceleration of rehabilitation.

Implementation Plan:

Providers of service (public and private) should communicate, cooperate and coordinate their respective in-home and outpatient services.

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ISSUE REPORTING FORM

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B. Results:

(F) (S) Prescription of Drug by Generic Name. A more widespread use of generic rather than brand name drugs would save the consumer a considerable amount in prescription costs.

Implementation Plan:

A public awareness campaign about the cost benefits of generic drugs should be carried on by advocacy groups. Physicians and dentists should be urged to prescribe drugs by generic, rather than brand name, whenever possible.

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B. Results:

(F) (S) (L) Continuous Disability Payments. It is recommended that legislative action shall insure comprehensive, continuing care of handicapped individuals whether they be employed and/or the recipients of public income maintenance.

Implementation Plan:

(a) State Insurance Commissions shall conduct studies to scrutinize and compare the benefits, policies and practices of private insurance companies with non-profit and government companies.

(b) Consumers' Rights Groups consisting of the Disabled shall advocate for the most equitable, fair and responsible practices and policies of private insurance companies in behalf of handicapped children, adults and the aged.

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ISSUE CODE NO. HEC V-6 PREPARED BY: Dr. Eleanora Gordon

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MINORITY REPORT

(F)

Extensive economic assistance to handicapped people for quality health care can be accomplished by a comprehensive National Health Insurance Plan which includes appropriate rate control, certificate of need, quality control and other appropriate cost controls.

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ISSUE REPORTING FORM

I. CONCERN AREA: HEALTH TOPIC: TREATMENT

ISSUE CODE NO. HEC V-8 PREPARED BY: Dr. Eleanora Gordon

State the issue below. (One issue per page)

How can we improve communications in the area of treatment among professions and between professionals, clients, and parents? Families?

II. PROPOSED SOLUTION(S)

A. Instructions:

1. Indicate primary level of effect by placing (F) federal, (S) state, (L) local, (P) private, before stating solution.
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B. Results:

(P) Volunteer Advisors. Handicapped individuals could volunteer to share their time and companionship with similarly handicapped peers.

Implementation Plan:

Regular meetings of community based organizations of handicapped consumers could be used as a mixer where a volunteer handicapped advisor could be introduced to his advisee.

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ISSUE CODE NO. HEC V-8 PREPARED BY: Dr. Eleanora Gordon

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B. Results:

(P) Education by Consumer Agencies. Existing independent voluntary agencies for handicapping conditions (e.g. UCP, Spina Bifida Association, Muscular Dystrophy Association) could help educate the professionals about special problems faced by that particular disability.

Implementation Plan:

Videotapes could be prepared. Siminars specifically for practicing physicians, dentists, educators and others involved in direct treatment could be set up. Panel discussions with dialogue between the professionals and the consumers could be held. Such meetings could be held at a state and a local level and could have extensive media coverage.

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B. Results:

Solution and Implementation Plan: (S) (L) (P)

Regular professional meetings such as those of the county Medical Society, the county Dental Society or regional meeting of educators could include a symposium on handicapping conditions in their program.

The symposium would be an adjunct to the main meeting. It would give the professionals an opportunity to share news of current progress in research and therapy and it would give the handicapped a chance to share their concerns with the professionals.

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ISSUE REPORTING FORM
ATTITUDES OF THE GENERAL PUBLIC

I. CONCERN AREA: SOCIAL TOPIC: TOWARD HANDICAPPED

ISSUE CODE NO. SOC I-1 PREPARED BY: Bonnie Gellman

State the issue below. (One issue per page)

How can the types of social contact between handicapped individuals and non-handicapped individuals which promote greater social acceptance of each by the other, be identified and encouraged?

II. PROPOSED SOLUTION(S)

A. Instructions:

1. Indicate primary level of effect by placing (F) federal, (S) state, (L) local, (P) private, before stating solution.
2. Solution(s) Statement: State the proposed solution(s) succinctly but fully in the space provided below. If more than one solution is included number each consecutively.
3. Implementation Statement: State the proposed matter for implementing each of the proposed solutions after the solution statement.
4. Use additional blank sheets as required. Number each additional page and attach.

B. Results:

(F)(S)(L) On the state level, teams of consultant advocates should be provided to work in regional areas.

Implementation Plan:

- (a) Federal funding should be utilized. Disabled people should be hired as consultants. A coalition or umbrella group of agencies and organizations should be established to set up some guidelines for consultant advocates and for the training of these advocates. This group could also look for private and foundation funding sources for additional support. Under this kind of plan, the Federal Government could sponsor a plan of community organization with disabled people acting as trained coordinators and liaison people going into groups of handicapped individuals to help bring them into the main stream. These community liaison people could help structure social interaction activities.

(F)(S)(L)(P) A Federally funded program of mini-grants should be made available to sponsor community projects and/or programs of social interaction. These could be programs on the local level, though with Federal or State funding.

Implementation Plan:

- (a) Under the terms of the mini-grant, funds should be made available to existing and proposed community resources such as Y's, recreation centers, neighborhood centers, libraries, etc. for the purpose of making their facilities accessible to the handicapped and for the training of staff to deal with the handicapped in their normal operations and programs. The rationale for these Mini-Grants includes the very important fact that under its provision of funds, local agencies and groups could be encouraged to get involved in projects they otherwise wouldn't attempt. Those eligible to apply for the mini-grants can be organizations of and for the disabled as well as those general community organizations. One example of such a project could be a training program for people with handicaps to help them develop their skills and confidence to the point where they will be able to go out and interact with the community.

Commonwealth of Pennsylvania
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ISSUE REPORTING FORM

I. CONCERN AREA: SOCIAL TOPIC: ATTITUDES OF THE GENERAL PUBLIC

ISSUE CODE NO. SOC I-2 PREPARED BY: Bonnie Gellman

State the issue below. (One issue per page)

How can the Mass Media promote positive attitudes toward handicapped persons?

II. PROPOSED SOLUTION(S)

A. Instructions:

1. Indicate primary level of effect by placing (F) federal, (S) state, (L) local, (P) private, before stating solution.
2. Solution(s) Statement: State the proposed solution(s) succinctly but fully in the space provided below. If more than one solution is included number each consecutively.
3. Implementation Statement: State the proposed matter for implementing each of the proposed solutions after the solution statement.
4. Use additional blank sheets as required. Number each additional page and attach.

B. Results

(F) There should be established a Federally funded National Commission on the Handicapped and Media. This Commission, composed of representatives of various disability groups and others (such as were chosen to attend this conference) and professional representatives from the various branches of media (journalists, writers, actors, producers, etc. from newspapers, stage, television and radio) should work to improve the image of the handicapped as portrayed in the media.

Implementation Plan:

- (a) This National Commission should work with media specialists and executives on the best ways to accomplish the goals. This would include some discussions as to how the disabled are portrayed. . . the goal being that the handicapped be neither villain or objects of pity nor superheroes. This commission could work with the FCC to establish some broad guidelines as to how to approach these topics. Some work could be done to encourage utilizing handicapped people both in front of and behind the cameras, and on the monitoring of the performance level of media. . . even to the extent of participation in commercials. This group could work with public service television stations

Implementation Plan: (Continued)

and foundations to accomplish the same goals. They should also encourage the development of children's educational programming and help the station and press to present a more objective picture of the needs and abilities of the handicapped.

NOTE: It might be wise to include experts from the field of advertising and motivational research into the membership of this commission. The same techniques which sell toothpaste and politicians can be utilized to "sell" the idea of creative, productive disabled people.

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ISSUE REPORTING FORM

ATTITUDES OF THE PUBLIC

I. CONCERN AREA: SOCIAL TOPIC: TOWARD THE HANDICAPPED

ISSUE CODE NO. SOC I-4 PREPARED BY: Bonnie Gellman

State the issue below. (One issue per page)

Since attitude formation occurs at an early age, how can positive attitudes toward handicapped persons be encouraged in both handicapped and non-handicapped children who are very young?

II. PROPOSED SOLUTION(S)

A. Instructions:

1. Indicate primary level of effect by placing (F) federal, (S) state, (L) local, (P) private, before stating solution.
2. Solution(s) Statement: State the proposed solution(s) succinctly but fully in the space provided below. If more than one solution is included number each consecutively.
3. Implementation Statement: State the proposed matter for implementing each of the proposed solutions after the solution statement.
4. Use additional blank sheets as required. Number each additional page and attach.

B. Results:

(F)(S)(L)(P) The handicapped should serve on Boards of Education and other such Boards.

Implementation Plan:

- (a) Necessary legislation and/or administrative steps should be taken.

(F)(S)(L) It should be mandated that all teachers, not just special educators, be made aware of handicapped children and their needs, by course work, etc.

Implementation Plan:

- (a) Necessary steps through legislation and contacts with those who determine the course requirements for education programs.

(F)(S)(L) It should be mandatory that in all schools, just as it is that history courses be taught, that programs be offered on the handicapped.

Implementation Plan:

- (a) These programs would stress likenesses and differences, and teach the history and achievements of the handicapped. This course should include some empha-

Implementation Plan: (Continued)

sis on role reversal, giving non-handicapped children the opportunity to learn the things that handicapped children do. For example, it could include teaching hearing children some sign language and teaching sighted children some braille. It is also suggested that some Federally funded research into the effects of such role reversal projects on changing attitudes be provided. Curriculum for such a course should be designed and developed with input from the disabled and possibly taught by disabled persons. It could either be on a full semester basis or as a special project within a course such as "Problems of Democracy", or social studies.

(F)(S)(L) Money for playgrounds, Head Start programs, etc., that would integrate the handicapped and the non-handicapped should be made available at the Federal or State level.

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ISSUE REPORTING FORM

I. CONCERN AREA: SOCIAL TOPIC: ATTITUDES OF THE GENERAL PUBLIC

ISSUE CODE NO. SOC I-5 PREPARED BY: Bonnie Gellman

State the issue below. (One issue per page)

What are the research questions which need to be answered to improve attitudes toward handicapped individuals and how should this research be funded?

II. PROPOSED SOLUTION(S)

A. Instructions:

1. Indicate primary level of effect by placing (F) federal, (S) state, (L) local, (P) private, before stating solution.
2. Solution(s) Statement: State the proposed solution(s) succinctly but fully in the space provided below. If more than one solution is included number each consecutively.
3. Implementation Statement: State the proposed matter for implementing each of the proposed solutions after the solution statement.
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B. Results

(F)(S)(L)(P) Any funding for research should have built into it suggestions for practical applications of the research.

1. What are the factors which shape the attitudes concerning the handicapped?

Implementation Plan:

- (a) We have some basic ideas of how opinions and attitudes are formed, in general, through previous research. We must narrow the focus to see the interaction between disabled and non-disabled. We must find what things create attitudes that are negative and what factors dispel negative feelings.
2. Many agencies spend a great deal of time and money on public education programs and attempts to improve attitudes, without determining the effectiveness of these programs. Questions to be answered include, "Are the programs doing the job?", "How effective are public education programs?"

Implementation Plan: (Continued)

- (a) The kind of research indicated in the above two statements can be performed and funded in many ways. The Federal government can be approached to sponsor the research. The questions can be posed as research themes for graduate students in Doctoral or Masters programs in psychology, media, communications, and even such diverse fields as advertising and sociology. Private foundations which utilize their funds to sponsor public education programs might fund such projects as a way to determine how wisely their foundation dollars are spent. Techniques of research including double group studies, pre and post exposure rating scales, etc. can be utilized effectively and most beneficially.

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ISSUE REPORTING FORM

I. CONCERN AREA: SOCIAL TOPIC: Psychological Adjustment of Handicapped Individuals and their Families

ISSUE CODE NO. SOC II-1 PREPARED BY: Bonnie Gellman

State the issue below. (One issue per page)

How can adequate counseling and other psychological services best be made available on a continuing basis to handicapped persons and their families?

II. PROPOSED SOLUTION(S)

A. Instructions:

1. Indicate primary level of effect by placing (F) federal, (S) state, (L) local, (P) private, before stating solution.
2. Solution(s) Statement: State the proposed solution(s) succinctly but fully in the space provided below. If more than one solution is included number each consecutively.
3. Implementation Statement: State the proposed matter for implementing each of the proposed solutions after the solution statement.
4. Use additional blank sheets as required. Number each additional page and attach.

B. Results:

(F)(S)(L)(P)

1. Through planning efforts, coordinate a centralized system to provide identification, referral, counselling, and specific services required by handicapped persons and their families on a local, regional and state level.
2. Improved communication re: what is available and early counselling to parents of infants and children with a congenital or acquired disability, and to handicapped people, beginning during the first hospitalization for the disability or at birth if congenital.
3. Should begin with early identification of those needing services and compilation of appropriate statistics.
4. Should include criteria for training of professionals re: handicapped so that information and supportive services are provided early and appropriately and on a knowledgeable basis, by professionals.
5. Should include attitudinal changes with sensitivity toward needs of handicapped on part of professionals.

6. Should include frequent periodic follow-up to make sure that prescribed services are being carried out and that the program as prescribed continues to be appropriate, since needs differ at different periods of stress.
7. With this should be easy accessibility to the various parts of the system with easy flow in and out as appropriate.
8. Include professional training of handicapped people in the various health professions referring to or using counselling and psychological services.
9. Educators and professionals need to be trained re: needs of handicapped to permit early recognition by the teacher, attending physicians, nurses, and counsellors.
10. Use of interested competent volunteers with specific training to work on a 1:1 basis with handicapped children and parents, and with disabled persons.
11. Existing agencies should communicate to all hospitals, clinics, and health professionals specific information re: their resources and how to plug into them.
12. Continue to implement mainstreaming so that the able-bodied population will become aware of the needs and abilities of the handicapped.
13. All facilities to be architecturally accessible with transportation provided if needed as part of the health program.
14. Health professionals, including psychologists, to have communication skills for deaf taught to them as part of their training.
15. Funding to be provided, either through increasing allowable deductible health services, or by an increase in income tax deduction for the handicapped/ or families of the handicapped.

Implementation Plan:

- (a) During the coming year, a coordinating agency to be established at the federal and state levels with local branches to coordinate information, identify need for, requests for, referral to, existing agencies as appropriate. This would correct the current hit-and-miss, fragmented delivery of services to the handicapped that currently exist. A handicapped person or family may have 16-18 agencies to work with over a wide area, and may not get needed services or follow-up because of lack of knowledge. Concomitantly, the federal and state governments should start to work on a plan for a Department of the Handicapped with a Secretary, to coordinate all services for the handicapped, including information gathering, statistical, resources, identification of needs, etc.
- (b) Health professionals, especially physicians, should be aware of the psychological problems of the handicapped from infancy to adulthood and the problems encountered by their families.

Implementation Plan: (Continued)

- (c) Television programming and other media should be informed and encouraged to present an honest view and positive models of the handicapped to give good images to both disabled and able-bodied.
- (d) The parents of the newborn handicapped should have available to them, aware and knowledgeable health professionals so that from the beginning, in the hospital, they are aware of feelings of guilt and depression and can give proper support appropriately, with periodic meetings with parents to let them know what is going on and expected.
- (e) Audiovisual materials and pamphlets on specific handicaps should be available in the hospitals and in libraries to provide necessary information. These materials should be kept up-to-date with the most current information. Hospitals should be informed re: the Mother's psychological stresses.
- (f) Allow new mothers of infants with serious handicaps to move from the maternity section to another location as she chooses.
- (g) A knowledgeable group of parents of handicapped newborns and children should be formed in each community to assist the parents of infants/children born with, or who acquire, handicaps and who provide support from the in-hospital period on.
- (h) Existing agencies in each community should work together to set up programs to inform existing psychologists about the adjustment needs of people with various handicaps.
 1. The centralized agency and the Department of the Handicapped should make provisions for specific psychological services being available such as PT, OT, speech therapy are now provided, taking into account special problems such as budgets, rural areas. These services could continue to be provided by existing private and non-profit agencies, or by the MH/MR mainstream if these are made attitudinally and architecturally accessible.
 2. State Department of Handicapped should represent all the handicapped of the State and should be composed of 10% handicapped people plus parents of handicapped, educators of, and providers of services to the handicapped with regional representation. They should have a voice in decisions at the highest levels of government, and serve as an advocate for the handicapped. They should gather and disseminate information, and should have sub-divisions with resource people to represent specific disabilities and make use of existing community agencies to avoid setting up another massive bureaucracy.
- (i) Physicians and hospital personnel in local areas should have knowledge re: the handicapped, and a list of available local resource people. Currently, mothers of handicapped children are over-protected by maternity services, when what she needs is information and support.
- (j) MH/MR Centers should have socialization programs for the mildly brain damaged and also a program to get people out of institutions and into these socialization programs.

Implementation Plan: (Continued)

- (k) The agencies must recognize that handicapped young children, as well as their parents, need to have early counselling. More trained therapists are needed who can work with children who are physically limited. BVR MH/MR or some other appropriate agency, should sponsor graduate training in this.
- (l) Professional resource persons who are trained in specific disabilities should be available to counsel skilled professionals who need an understanding of specifically handicapped clients, i.e., deaf.
- (m) Federally and state funded schools should include within their curricula training re: handicapped so that educators, physicians, etc., are aware and provide early recognition. Government funds should be withheld until this is provided.

Additional Comments:

Currently services are fragmented, often duplicated and parents of handicapped children and handicapped adults have to search for time and dollars. Family may have 16-18 agencies to work with over a large area.

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ISSUE REPORTING FORM

I. CONCERN AREA: SOCIAL TOPIC: Psychological Adjustments of Handicapped Individuals and their Families

ISSUE CODE NO. SOC II-3 PREPARED BY: Bonnie Gellman

State the issue below. (One issue per page)

What psychological and social services are necessary to effect adequate transitions of handicapped individuals from an institution to a community?

II. PROPOSED SOLUTION(S)

A. Instructions:

1. Indicate primary level of effect by placing (F) federal, (S) state, (L) local, (P) private, before stating solution.
2. Solution(s) Statement: State the proposed solution(s) succinctly but fully in the space provided below. If more than one solution is included number each consecutively.
3. Implementation Statement: State the proposed matter for implementing each of the proposed solutions after the solution statement.
4. Use additional blank sheets as required. Number each additional page and attach.

B. Results:

(F)(S)(L)(P) A slow planned transitional program starting within the institution and continuing into the community starting with a retraining program of the attitudes of the staff of institutions to enable them to help the handicapped make suitable decisions re: institution vs. community living; programming and preparation of institutionalized children and adults environmentally and socially as well as educationally; sensitization of the able-bodied community; increasing normalization of institutions; shortening and prevention of institutionalization as much as possible since this causes problems in and of itself; establishment of community day programs, day hospital programs, assisted living facilities, respite care, home services programs, and foster homes; transportation resources in the community.

Implementation Plan:

- (a) Inservice training programs should be required to deal with staff attitudes RE: institutional vs. community living on a rational and knowledgable basis.
- (b) Programs should be required to train institutionalized handicapped concerning their environment, and develop their social and academic skills.

Implementation Plan: (Continued)

- (c) Unnecessary institutionalization should be prevented by proper screening, identification and placement. Laws should mandate that the handicapped person is to be given the results of any psychological testing.
- (d) While institutionalized, handicapped children should be mainstreamed into community schools.
- (e) Programs should be mandated to prepare the disabled for community living while in the Rehabilitation Center as part of a credentialed acceptable program.
- (f) Institutionalized living should be normalized more like homes and communities.
- (g) Community programs should be set up to sensitize the able-bodied community, including police, bus drivers, restaurant workers, apartment personnel, etc. as well as professionals, to the disabled and specific preparation with trial visiting should be provided to the immediate community to which the disabled person is going prior to that person's release from the institution.
 - 1) Assisted living facilities should be provided in every community which are accessible architecturally, provide socialization with various levels of assistance with supportive services and integrated with able-bodied people.
- (h) Respite care for a few days at a time should be provided in the community setting with a gradual build-up of time to an assisted living arrangement with long-time supervision.
- (i) Institutions should have survival skills training, including having handicapped people living successfully in the community as visitors to discuss problems and solutions, to provide models, and as advocates.
- (j) Services to the handicapped in rural communities may be sparse. This requires special training of graduate students about rural problems and rotation of expert consultants from educational centers to rural areas on a regular and sufficiently frequent basis.
- (k) Handicapped people in institutions should be trained in activities of daily living and self-care for community living, including cooking, shopping, signing a lease, etc. during the transition period prior to release from the institution-including dealing with psychological and social implications with adequate follow-up services to assure satisfaction of goals.
- (l) Consistent aftercare and follow-up should be part of any transition program attending to both specific concrete needs and psychological support.
- (m) The handicapped in any community should organize and make a check list of needs for transition of a handicapped person to community living, including enforcement of existing rules and requirements.

Implementation Plan: (Continued)

- (n) Services needed in the community to decrease unnecessary institutionalization include day care centers, home care program, half way house, foster homes, and drop-in-centers for counselling re: day-to-day problems before they become large and for other professional services.
- (o) Existing programs should be evaluated to disclose reasons for failure of the handicapped in the community
- (p) Many provisions mandated in such programs as the MH/MR are not being carried out. Agencies should be persuaded and/or coerced to carry out directives already mandated, or government funds withheld. Handicapped citizens and other involved citizens should attend Advisory Board meetings of such community agencies to make sure these directives are being implemented.
- (q) Unified political action should be undertaken by the handicapped and their advocates to ensure that needed and proper programs are legislated and implemented.
- (r) Funding should be made available on the state and national level across categorical boundaries from the institution to the personal level to enable handicapped to be deinstitutionalized.
- (s) SSI should be broadened to include providing of long-term care to assist families of handicapped to achieve deinstitutionalization who cannot afford to provide necessary care, or who have to work.
- (t) Money presently used for institutional care should be fed into support of community living when the institutionalized person leaves the institution.
- (u) As soon as a centralized agency is established, transitional care should be one of its responsibilities via a coordinator of transition. Until then, there should be a liaison person for the handicapped with all involved government departments such as Department of Transportation, Department of the Interior, Dept. of Health, Education and Welfare, the Attorney General, Department of the Treasury, etc. to deal with the handicapped and their transitional requirements.
- (v) Big Brothers (Sisters) System in each community. Ombudsmen with disability helping others newly out of institutions to make the transition.

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ISSUE REPORTING FORM

Psychological Adjustment of Handicapped

I. CONCERN AREA: SOCIAL TOPIC: and their Families

ISSUE CODE NO. SOC II-4-5 PREPARED BY: Bonnie Gellman

State the issue below. (One issue per page)

- 4) What additions or modifications in professional training programs will lead to improved quality and availability of psychological services for handicapped persons?
- 5) How can personnel from all fields (medicine, soc. work, etc.) be trained to be sensitive to the psychological as well as physical needs of hcpd. persons?

II. PROPOSED SOLUTION(S)

A. Instructions:

1. Indicate primary level of effect by placing (F) federal, (S) state, (L) local, (P) private, before stating solution.
2. Solution(s) Statement: State the proposed solution(s) succinctly but fully in the space provided below. If more than one solution is included number each consecutively.
3. Implementation Statement: State the proposed matter for implementing each of the proposed solutions after the solution statement.
4. Use additional blank sheets as required. Number each additional page and attach.

B. Results:

(F)(S)(L)(P) Exposure to, and training in, the care of the handicapped must be an integral part of the program of any and all schools, institutions and programs for health professionals that are receiving government funds or accreditation. Certain necessary standards concerning this should be developed and required.

Implementation Plan:

- (a) Criteria and standards, including understanding and knowledge of, and exposure to, the psychological needs of handicapped persons and their families, should be required by the regulatory agencies of any teaching program for health professionals receiving government funds and/or accreditation. Some of the training should be given by handicapped individuals and their families as part of the training period. Primary care teaching for medical students must include the problems of the handicapped and solutions as part of their core curriculum.
- (b) Psychological evaluations should be part of the initial evaluation of all handicapped patients before therapy is recommended.
- (c) Continuing education for professionals should be required of hospitals concerning the special limitations and potentials of specific handicaps and to keep them abreast of new developments. Providers of services must be trained about the multiple impacts of disability.

Implementation Plan: (Continued)

- (d) An awareness program should be developed for both private and non-private hospital staffs to keep them knowledgeable about the whole spectrum of disability. Regulating agencies should also be required to be aware of the needs of the handicapped.
- (e) Existing clinics should increase resources for psychological services. They are too sparse and spread out to give needed information immediately as needed, leading to months of unnecessary anxiety by those they serve.
- (f) Delivery of appropriate professional education concerning the handicapped must be monitored through a central agency, and funds and accreditation withheld for non-compliance.
- (g) Questions related to the diagnosis and treatment of handicaps should be part of the qualifying examinations for professionals.
- (h) National, state and local professional organizations such as AMA, APA, State Medical Societies, JCAH, County Medical Societies, etc. should be contacted and a reply requested as to how they are going to implement these programs.
- (i) There should be an increased number of preceptorships and fellowships, and postgraduate residencies provided by funding agencies such as BVR for training specifically with the handicapped. Students receiving assistance from government funds may be required to repay by a given number of years service with the handicapped.

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ISSUE REPORTING FORM

I. CONCERN AREA: SOCIAL TOPIC: Psychological Adjustment of Handicapped Individuals and their Families

ISSUE CODE NO. SOC II-6 PREPARED BY: Bonnie Gellman

State the issue below. (One issue per page)

How can handicapped individuals and members of families of handicapped individuals be encouraged to help other handicapped persons and their families in adjustment problems?

II. PROPOSED SOLUTION(S)

A. Instructions:

1. Indicate primary level of effect by placing (F) federal, (S) state, (L) local, (P) private, before stating solution.
2. Solution(s) Statement: State the proposed solution(s) succinctly but fully in the space provided below. If more than one solution is included number each consecutively.
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B. Results:

(F)(S)(L)(P) By referral of persons newly disabled and/or their families to patients or families who have already had experience with the disability in the hospital, going home, or on follow-up visit; by health professionals trained to understand not only the health, but also the psychological and home care needs of disabled and their families.

Implementation Plan:

(a) Upon discharge from the hospital (or follow-up visit), the disabled person and family should be asked by the social worker if they will serve as a resource to other families who are about to experience similar problems. Professionals, especially medical specialists, understand medical needs, but not psychological or daily home care needs of persons newly going home. Continuing follow-up is necessary.

Implementation Plan (Continued)

(b) Self-help groups should be formed in cooperation with existing agencies such as MH/MR with specialized persons available in base units i.e., MH/MR, school psychology services, who know the needs of handicapped individuals. These can be non-professional parents or handicapped individuals experienced as to these needs who can communicate with other parents/handicapped persons who are able to accept such a resource person.

Health professionals and hospitals must be informed that such resources are available, and how to refer to them. They must have the correct information about the person(s) referred, which must be consistent with what the physician in charge and other professionals have told the patient and/or the family. Confidentiality should be maintained. A county-wide registry of such resource persons, denoting the type(s) of disability with which they are familiar, and other relevant information should be made available to professional providers of health services in each community.

(c) A parent and disabled person and clergyman network, trained by health professionals through workshops, should visit newly disabled individuals and their families and help with specific problems. This should provide continuity and support since the crises vary at different developmental levels.

(d) A coordinating agency is needed to gather and disburse information.

Additional Comments:

Are the emotional needs of the handicapped different from those of other people?

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ISSUE REPORTING FORM

Psychological Adjustment of Handicapped

I. CONCERN AREA: SOCIAL TOPIC: Individuals and their Families

ISSUE CODE NO. SOC II-7 PREPARED BY: Bonnie Gellman

State the issue below. (One issue per page)

What is necessary for handicapped and non-handicapped individuals to perceive disabled persons as sexual beings?

II. PROPOSED SOLUTION(S)

A. Instructions:

1. Indicate primary level of effect by placing (F) federal, (S) state, (L) local, (P) private, before stating solution.
2. Solution(s) Statement: State the proposed solution(s) succinctly but fully in the space provided below. If more than one solution is included number each consecutively.
3. Implementation Statement: State the proposed matter for implementing each of the proposed solutions after the solution statement.
4. Use additional blank sheets as required. Number each additional page and attach.

B. Results:

(F)(S)(L)(P) Disabled persons must be allowed to behave and interact as social and sexual beings, to exercise choices, and to have the right to risk that all human beings are allowed, educationally and experimentally. Professionals, regulating bodies, and parents must understand that sexuality is a true need of the handicapped.

Implementation Plan:

- (a) The disabled, as well as the able-bodied, should be provided with appropriate sex education from infancy.
- (b) Training in the sexuality of the handicapped should be part of training in hospital and agency educational programs and should be extended to parents of handicapped as well as to teachers, ministers, and other community leaders.
- (c) Special attention should be devoted toward encouraging and directing existing agencies to use teaching programs and materials that have been developed, especially for the mentally retarded.
- (d) Sexual Attitude Reassessment (SAR) Workshops should be available and financed for professionals and families as well as disabled persons.

Implementation Plan: (Continued)

- (e) Specific programs in sexuality should be developed for specific handicaps.
- (f) Health providers' training in sexuality should be complete, including attitudes as well as factual material, and presented attractively.
- (g) Handicapped individuals who are coping well sexually should be available to discuss this with others having difficulties.
- (h) Funding for programs on sexuality in the disabled should be provided by supporting agencies such as BVR, Medicare, insurance companies, since this is an essential therapeutic component of health care for the disabled.

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ISSUE REPORTING FORM

I. CONCERN AREA: SOCIAL TOPIC: RECREATION

ISSUE CODE NO. SOC III-1 PREPARED BY: Bonnie Gellman

State the issue below. (One issue per page)

What are the needs of handicapped individuals that should be considered in the design of recreational services?

II. PROPOSED SOLUTION(S)

A. Instructions:

1. Indicate primary level of effect by placing (F) federal, (S) state, (L) local, (P) private, before stating solution.
2. Solution(s) Statement: State the proposed solution(s) succinctly but fully in the space provided below. If more than one solution is included number each consecutively.
3. Implementation Statement: State the proposed matter for implementing each of the proposed solutions after the solution statement.
4. Use additional blank sheets as required. Number each additional page and attach.

B. Results:

(F)(S)(L)(P) There must be increased enforcement of existing state and federal laws pertaining to the design of recreational facilities and implementation of recreation services.

Implementation Plan:

(a) There must be established appropriate mechanisms to enforce existing laws pertaining to handicapped individuals. Penalties should be instituted for non-compliance.

(F)(S)(L)(P) Transportation to recreation programs and facilities must be made available to handicapped persons.

Implementation Plan:

(a) Modify existing transportation vehicles so that they can be used by the handicapped.

(b) Adequate funds should be placed at the local level so local transportation problems can be resolved.

(F)(S)(L)(P) Recreation facilities must be made accessible to handicapped persons.

Implementation Plan:

- (a) Architects and building inspectors should have special training to insure that barrier-free recreational facilities are designed and provided for the handicapped.
- (b) Modify existing recreational facilities (both indoor and outdoor) for use by the handicapped. This includes installing ramps, lowering water fountains, etc.
- (c) Tax breaks should be used as incentives to recreation departments and facilities for accessibility purposes.
- (d) There should be a paid advocate consumer handicapped person designated to insure accessibility to recreation facilities at a local level.
- (e) Educate the recreation service providers to available funding and design resources.

(F)(S)(L) There must be an increase in public education to the recreational needs and problems faced by handicapped individuals.

Implementation Plan:

- (a) Utilize mass media (TV, radio, and newspapers, etc.) to make the public more aware of the needs and problems of the handicapped.
- (b) Within educational funding, restore funding for public TV as an incentive to create programs for public awareness.

Commonwealth of Pennsylvania
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ISSUE REPORTING FORM

I. CONCERN AREA: SOCIAL TOPIC: RECREATION

ISSUE CODE NO. SOC III-2 PREPARED BY: Bonnie Gellman

State the issue below. (One issue per page)

What recreational programs or services must be established or modified to provide full recreational opportunities for handicapped individuals?

II. PROPOSED SOLUTION(S)

A. Instructions:

1. Indicate primary level of effect by placing (F) federal, (S) state, (L) local, (P) private, before stating solution.
2. Solution(s) Statement: State the proposed solution(s) succinctly but fully in the space provided below. If more than one solution is included number each consecutively.
3. Implementation Statement: State the proposed matter for implementing each of the proposed solutions after the solution statement.
4. Use additional blank sheets as required. Number each additional page and attach.

B. Results:

(F)(S)(L)(P) Mechanisms must be established to provide both variety and quality in recreation programs to meet the needs of the handicapped.

Implementation Plan:

- (a) Evaluation of existing recreation programs by the handicapped and parents or guardians of the handicapped and an establishment of a plan for continued evaluation.
- (b) Training programs for parents or guardians of the handicapped should be conducted by recreation personnel to make them aware of the possible opportunities, resources, and services in the area of recreation. This will better enable the parents or guardians to push for services that will meet the needs of the handicapped.
- (c) Mechanisms should be established to increase accountability for provision of recreational services for the handicapped.
- (d) Recruit college students and volunteers to help the handicapped get involved in YMCA programs and those of other community agencies offering recreational services.

Implementation Plan: (Continued)

- (e) Local volunteer handicapped advocate committees should be established to help insure that a variety of recreation programs and services are available for the handicapped.
- (f) Needs assessment at the local level should be conducted to identify the recreation needs of the handicapped to serve as a basis for planning. Handicapped advocacy groups should endorse the final plan.
- (g) There should be provisions for a continuum of recreation services for the handicapped. Maximum use should be made of existing services. There should be increased funding and personnel to work toward the goals. Local municipalities should be mandated to provide this range of services to the handicapped. Recommendation at the regional level for a recreation advocate for the handicapped.
- (h) Legislation pertaining to the rights and services mandated for the handicapped must be communicated to both the handicapped and the non-handicapped. There should be a liaison for this purpose at the regional, state, and federal levels.
- (i) Recreation programs to include the families of the handicapped should be recommended.
- (S)(L)(P) There is a need for increased preparation of community recreation personnel to meet the recreational needs of the handicapped.

Implementation Plan:

- (a) There should be in-service training sessions and workshops for community recreation personnel to increase their knowledge of how to meet the needs of the handicapped. This could be sponsored by universities, or at the local or state level.
- (F)(S)(L) There must be increased funding for provision of recreation services to the handicapped.

Implementation Plan:

- (a) Funding from state and local levels must be sought to provide recreational services and maintenance of facilities. Often seed monies only offer enough funding for the creation of facilities.
- (b) Tax breaks should be provided to organizations and agencies who include recreational services for the handicapped.
- (c) Admission fees to recreation events should be subsidized by government funding. Often times, the handicapped person's only source of income is disability pension.
- (d) Legislation should be amended or changed to support funding for the continuity of recreation programs rather than requirements for innovative ones.

(F)(S)(L) There must be communication mechanisms established to provide continuing input of the recreational needs of the handicapped.

Implementation Plan:

- (a) Handicapped individuals must be represented on local Recreational boards and Commissions.
- (b) Parents or guardians of handicapped individuals should attend local recreational board meetings to make the recreational needs of their children known and to demand provision of services.

(F)(S)(L) Outdoor recreation facilities and services for the handicapped must be increased.

Implementation Plan:

- (a) Special equipment should be provided for the blind, deaf, etc., to increase participation in outdoor recreation. State parks should have a decal identification system for the handicapped that helps to make facilities available to them. Strong recommendations for all states to have state-wide policy, such as the plan used in Chapman State Park.

(F)(S)(L) Provisions must be made for participation of the hearing-impaired and the deaf-blind into existing recreation programs.

Implementation Plan:

- (a) Watching TV is recreation for many deaf people. Captions or provisions of interpreters is needed for at least prime time news programs, as well as other special programs.
- (b) People who know sign language should be available during recreation programs so the deaf and hard of hearing can fully participate.

Additional Comments:

Sign language courses should be taught as foreign language courses are taught in school systems - grade school through college, levels. Courses could be subsidized to provide incentive.

Specific recommendation to send a letter to Mr. Rogers to thank him for opening his program to the deaf on several occasions and to encourage him to continue this.

Lobbies at state and federal levels should be established to support the handicapped.

A central clearing house should be established at all levels of government to meet the needs of the handicapped. A Governor's Hot Line should be established for the Handicapped.

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ISSUE REPORTING FORM

I. CONCERN AREA: SOCIAL TOPIC: RECREATION

ISSUE CODE NO. SOC III-3 PREPARED BY: Bonnie Gellman

State the issue below. (One issue per page)

How can decision-makers be influenced at the Federal, State and local levels to give priority to the funding of recreational programs?

II. PROPOSED SOLUTION(S)

A. Instructions:

1. Indicate primary level of effect by placing (F) federal, (S) state, (L) local, (P) private, before stating solution.
2. Solution(s) Statement: State the proposed solution(s) succinctly but fully in the space provided below. If more than one solution is included number each consecutively.
3. Implementation Statement: State the proposed matter for implementing each of the proposed solutions after the solution statement.
4. Use additional blank sheets as required. Number each additional page and attach.

B. Results:

(F)(S)(L)(P) All organizations representing various handicapped persons, as well as individuals, (both the handicapped and interested non-handicapped) should unify their efforts to obtain increased recreational opportunities and services for the handicapped.

Implementation Plan:

- (a) Handicapped individuals should join other groups which have political impact, for example, the League of Women Voters, and make their needs known.
- (b) Opportunities for unification of goals and support and exchange of ideas among the handicapped must be promoted. Cooperative efforts among the handicapped are paramount.

(F)(S)(L)(P) There should be increased efforts for making the public aware of the importance of recreation for the handicapped. The recreational needs of the handicapped must be made known to local, state, and federal officials and legislators.

Implementation Plan:

- (a) Utilize mass media (TV, radio, newspaper, etc.) to make public aware of the needs and problems of the handicapped.
- (b) Handicapped individuals must be represented on local Recreation Boards and Commissions.

Implementation Plan: (Continued)

- (c) Handicapped individuals should be encouraged and invited to attend various local and state meetings at which recreational issues are being discussed.
 - (d) Organizations representing the handicapped should encourage involvement of local and state officials in their activities.
 - (e) There should be an increased effort of organizations representing the handicapped, recreators, and handicapped individuals to make the recreational needs of the handicapped known to legislators, for example, write letters to legislators stating needs and concerns.
 - (f) Parents and guardians of handicapped individuals should be educated in the most effective ways to make the needs of their children known to legislators and public officials.
- (F)(S)(L)(P) Specific funds to enable handicapped persons to participate in recreation programs within the community must be advocated.

Implementation Plan:

- (a) Organizations representing the handicapped, recreators, and handicapped individuals should be encouraged to inform legislators and public officials of the importance of recreation as a basic need of the handicapped, and consequently advocate specific funding to enable handicapped persons to participate in recreation programs within the community.

ADDITIONAL COMMENTS, INCLUDING MINORITY REPORTS

Candidates for local and state political offices should be required to release a position paper pertaining to their stands on services for the handicapped, including recreation.

There should be emphasis placed on the "right to recreation" for the handicapped just as there is a "right to education."

Make this conference an annual event. State legislators should be in attendance.

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ISSUE REPORTING FORM

I. CONCERN AREA: SOCIAL TOPIC: CULTURAL ACTIVITIES

ISSUE CODE NO. SOC IV-2 PREPARED BY: Bonnie Gellman

State the issue below. (One issue per page)

What actions are necessary to assure that cultural facilities are physically accessible to the handicapped?

II. PROPOSED SOLUTION(S)

A. Instructions:

1. Indicate primary level of effect by placing (F) federal, (S) state, (L) local, (P) private, before stating solution.
2. Solution(s) Statement: State the proposed solution(s) succinctly but fully in the space provided below. If more than one solution is included number each consecutively.
3. Implementation Statement: State the proposed matter for implementing each of the proposed solutions after the solution statement.
4. Use additional blank sheets as required. Number each additional page and attach.

B. Results:

(F)(S)(L)(P) There must be increased enforcement of existing state and federal laws pertaining to accessibility of facilities used for cultural activities to promote participation by the handicapped.

Implementation Plan:

- (a) There must be established appropriate mechanisms to enforce existing laws pertaining to handicapped individuals. Penalties may be instituted for non-compliance.

(F)(S)(L)(P) Transportation to cultural activities and facilities must be made available to handicapped persons.

Implementation Plan:

- (a) Modify existing transportation vehicles so they can be used by the handicapped.
(b) Funds should be placed at the local level so local transportation problems can be resolved.

(F)(S)(L)(P) Cultural activity facilities must be accessible to handicapped persons.

Implementation Plan:

- (a) Architects and building inspectors should have special training to insure that barrier-free cultural facilities are designed and provided for the handicapped.
- (b) Modify existing cultural facilities (both indoor and outdoor) for use by the handicapped. This includes installing ramps, lowering water fountains, etc.
- (c) Tax breaks should be used as incentives to change existing facilities for accessibility purposes.

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ISSUE REPORTING FORM

I. CONCERN AREA: SOCIAL TOPIC: CULTURAL ACTIVITIES

ISSUE CODE NO. SOC IV-6 PREPARED BY: Bonnie Gellman

State the issue below. (One issue per page)

How can decision-makers be influenced at the Federal, State, and local levels to give priority to the funding of cultural programs and activities for handicapped individuals?

II. PROPOSED SOLUTION(S)

A. Instructions:

1. Indicate primary level of effect by placing (F) federal, (S) state, (L) local, (P) private, before stating solution.
2. Solution(s) Statement: State the proposed solution(s) succinctly but fully in the space provided below. If more than one solution is included number each consecutively.
3. Implementation Statement: State the proposed matter for implementing each of the proposed solutions after the solution statement.
4. Use additional blank sheets as required. Number each additional page and attach.

B. Results:

(F)(S)(L)(P) All organizations representing various handicapped persons, as well as individuals, (both handicapped and interested non-handicapped) should unify their efforts to obtain increased cultural activities and services for the handicapped.

Implementation Plan:

- (a) Handicapped individuals should join other groups which have political impact, for example, the League of Women Voters, and make their needs known.
- (b) Opportunities for unification of goals and support and exchange of ideas among the handicapped are paramount.

(F)(S)(L)(P) There should be increased efforts for making the public aware of the importance of cultural activities for the handicapped.

The cultural needs for the handicapped must be made known to local, state, and federal officials and legislators.

Implementation Plan:

- (a) Utilize mass media (TV, radio, newspapers, etc.) to make the public aware of the needs and problems of the handicapped.
 - (b) Handicapped individuals should be encouraged and invited to attend various local and state meetings at which the provision of cultural activities are discussed.
 - (c) There should be an increased effort of organizations representing the handicapped, cultural activity providers, and handicapped individuals to make the cultural needs of the handicapped known to legislators, for example write letters to legislators stating needs and concerns.
- (F)(S)(L)(P) Specific funds to enable handicapped persons to participate in cultural programs within the community must be advocated.

Implementation Plan:

- (a) Organizations representing the handicapped, cultural activity providers, and handicapped individuals should be encouraged to inform legislators and public officials of the importance of cultural activities for the handicapped and also advocate for funding.

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ISSUE REPORTING FORM

I. CONCERN AREA: SOCIAL TOPIC: ARCHITECTURAL ACCESSIBILITY

ISSUE CODE NO. SOC V-1 PREPARED BY: Bonnie Gellman

State the issue below. (One issue per page)

What additional legislation or changes in present legislation are needed at the Federal, State and Local level to increase architectural accessibility?

II. PROPOSED SOLUTION(S)

A. Instructions:

1. Indicate primary level of effect by placing (F) federal, (S) state, (L) local, (P) private, before stating solution.
2. Solution(s) Statement: State the proposed solution(s) succinctly but fully in the space provided below. If more than one solution is included number each consecutively.
3. Implementation Statement: State the proposed matter for implementing each of the proposed solutions after the solution statement.
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B. Results:

(F)(S) Draft new legislation on a national and state level which is more inclusive than existing laws. (Suggested example is the North Carolina State Building code with handbook.)

Implementation Plan:

- (a) The law should have provisions for renovations. There should be compliance boards established, penalties for non-compliance, no political subdivisions excluded.

(F)(S)(L) All architectural barrier legislation on the Federal, State and local level, such as Pennsylvania Public Law 235, should be amended to include renovations as well as new buildings. Also incorporated under such acts as 235, there should be legislation instituted specifying that any public official (local, municipal) whose duties encompass review, approval, or inspection of buildings or grounds be versed in barrier free and good access design requirements and be certified by the Department of Labor and Industry (in Pa.) in order to fix responsibility at the local level for compliance in all construction and renovations.

Implementation Plan:

- (a) Necessary legislative measures.

(F)(S)(L)(P) Institute legislation requiring inclusion of questions in the registration examinations for architects demonstrating knowledge and competency in barrier free and good access design as defined by the ANSI code. The legislation should require the incorporation of questions concerning good access design as stipulated by law, if such law exists. The problems of handicapped persons should be related into the registration examinations that architects must take to receive state or national licensing.

Implementation Plan:

(a) Work through the National and local certifying agencies to design test questions and to implement necessary legislation.

(F)(S) In regard to accessible polling places, legislation, similar to that in Florida, should be instituted and implemented that requires that if even one person in a voting district requests it, a suitable, accessible polling place must be provided.

(F)(S)(P) Legislation should be prepared to formulate and implement a long range step, compliance alignment procedure to achieve good access design for all or certain existing buildings providing access to the public. This must be a requirement which shall continue to evolve even if ownership or useage changes during the compliance alignment time period.

Special note on architectural accessibility and education:

It is recommended that the Department of Education be advised that they are to establish and implement public awareness and programs dealing with the needs of the physically disadvantaged.

Present legislation on making all new schools accessible should be more strictly enforced and a certain percentage of monies for renovation should be devoted to making present construction on schools accessible to physically disabled students.

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ISSUE REPORTING FORM

I. CONCERN AREA: SOCIAL TOPIC: ARCHITECTURAL ACCESSIBILITY

ISSUE CODE NO. SOC V-2 PREPARED BY: Bonnie Gellman

State the issue below. (One issue per page)

What can be done to more effectively implement and enforce existing architectural accessibility requirements (laws, standards, codes, etc.)?

II. PROPOSED SOLUTION(S)

A. Instructions:

1. Indicate primary level of effect by placing (F) federal, (S) state, (L) local, (P) private, before stating solution.
2. Solution(s) Statement: State the proposed solution(s) succinctly but fully in the space provided below. If more than one solution is included number each consecutively.
3. Implementation Statement: State the proposed matter for implementing each of the proposed solutions after the solution statement.
4. Use additional blank sheets as required. Number each additional page and attach.

B. Results:

(F)(S)(L)(P) Litigation - at all levels, whenever the laws are not enforced.

(L)(P) Local action groups composed of consumers, other interested parties etc. should be established to serve as educational units and to act in a "watch-dog" capacity at the local level.

Implementation Plan:

- (a) These groups could bring public awareness and assistance to the problems. They could check blue-prints, report violations, and insist upon enforcement of existing legislation.

(F)(S)(L) Codify, advertise, and disseminate information about existing laws, on all levels. Without public awareness of the laws, enforcement becomes impossible.

Implementation Plan:

- (a) Concerned groups, government agencies, etc. can study and research the laws and publish them in booklet form with updates and revision as indicated. The funding for this project should be initiated at the Federal level.

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ISSUE REPORTING FORM

I. CONCERN AREA: SOCIAL TOPIC: ARCHITECTURAL ACCESSIBILITY

ISSUE CODE NO. SOC V-3 PREPARED BY: Bonnie Gellman

State the issue below. (One issue per page)

What can handicapped individuals do to further architectural accessibility?

II. PROPOSED SOLUTION(S)

A. Instructions:

1. Indicate primary level of effect by placing (F) federal, (S) state, (L) local, (P) private, before stating solution.
2. Solution(s) Statement: State the proposed solution(s) succinctly but fully in the space provided below. If more than one solution is included number each consecutively.
3. Implementation Statement: State the proposed matter for implementing each of the proposed solutions after the solution statement.
4. Use additional blank sheets as required. Number each additional page and attach.

B. Results:

(F)(S)(L)(P) Public education programs can be developed and implemented by consumer groups.

Implementation Plan:

(a) Groups can provide speakers for organizations of civic leaders, etc. Audio-visual materials can be developed. Media can and should be used by the consumer groups to spread the information about accessibility.

(L) Consumers can form "watch-dog" committees to help enforce local legislation.

(F)(S)(L) Consumer organizations can serve as "experts" in terms of establishing criteria for accessibility. Offers of consultancy services by consumers on a volunteer or on a paid basis, can be provided to the proper officials.

(F)(S)(L)(P) Handicapped individuals can join in community organizations not specifically for the handicapped, to promote awareness of the problems and to develop community support.

Implementation Plan:

(a) Handicapped citizens involved in groups such as League of Women Voters, Kiwanis, Rotary, Chamber of Commerce, at all levels can influence direction of the groups. Heightened awareness of the problems may lead to involvement of barrier-free environment.

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ISSUE REPORTING FORM

I. CONCERN AREA: SOCIAL TOPIC: TRANSPORTATION ACCESSIBILITY

ISSUE CODE NO. SOC VI-1 PREPARED BY: Dr. Robert Scott

State the issue below. (One issue per page)

How can total accessibility to public transportation be effected for all handicapped individuals in all types of vehicles?

II. PROPOSED SOLUTION(S)

A. Instructions:

1. Indicate primary level of effect by placing (F) federal, (S) state, (L) local, (P) private, before stating solution.
2. Solution(s) Statement: State the proposed solution(s) succinctly but fully in the space provided below. If more than one solution is included number each consecutively.
3. Implementation Statement: State the proposed matter for implementing each of the proposed solutions after the solution statement.
4. Use additional blank sheets as required. Number each additional page and attach.

B. Results:

1. (F) (S) (L) (P) Enforcement of existing Federal and State Laws.

Implementation Plan:

- (a) Federal and state will make provisions to establish a Transportation Compliance Board. There should be a paid person who is appointed by or approved by the disabled participants of this board and who is accountable for the disabled group to insure that the review is meaningful.
- (b) Interdepartmental Coordinating Committee should be formed by Governor's Executive Order, within the Department of Transportation to oversee and coordinate transportation programs and problems of all state departments within Pennsylvania. Public and private providers should be represented on the coordinating committee and should deal with transportation, not only in urban, but rural areas as well. This coordinating committee should have the responsibility of approving all applications for funding of transportation systems or programs across interdepartmental lines.

Solution/Implementation Plans Continued:

- (c) Persons (not agency) should be identified on the state and federal levels to review existing laws (PA, CA, Barriers Act) and report to an independent group (special interest group identified by handicapped organizations) to ascertain to what degree existing laws are being implemented with maximum possible benefit to the handicapped (e. g. 16VMT Act, 165 FAH Act, 504 Rehab Act) and make specific recommendations for new legislation.
 - (d) Identify persons (or agencies or Sp. Int. Groups) who will initiate local access and transportation
2. (F) (S) State and/or Federal funding provides for accessible transportation for all handicapped individuals in need of same.

Implementation Plan:

- (a) More liberal public subsidies for the handicapped should be enacted by state and federal agencies and earmarked for accessible transportation.
 - (b) Review capital and equipment and operating funds to ascertain capability of meeting needs.
 - (c) Review and adjust restrictive regulations which prohibit full range of availability and service-ability of funding resources .
3. (F) (S) (L) (P) Coordination of Public and private resources to insure that such resources are available and utilized to the maximum benefit of all handicapped individuals regardless of agency function, location and/or client disability.

Implementation Plan:

- (a) Regulation of private carriers, taxies, and medical vans.
- (b) Public and private agencies re-examine agency policy (insurance, etc.) which limit resources to less than their fullest capacity and develop a plan (Cost sharing, agreement on x number of days and resources) in coordination with other agencies to expand utilization of existing vehicles.

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ISSUE REPORTING FORM

C. CONCERN AREA: SOCIAL TOPIC: TRANSPORTATION ACCESSIBILITY

ISSUE CODE NO. SOC VI-4 PREPARED BY: Dr. Robert Scott

State the issue below. (One issue per page)

What actions should be taken to influence automobile insurance companies to equitably insure disabled drivers?

C. PROPOSED SOLUTION(S)

A. Instructions:

1. Indicate primary level of effect by placing (F) federal, (S) state, (L) local, (P) private, before stating solution.
2. Solution(s) Statement: State the proposed solution(s) succinctly but fully in the space provided below. If more than one solution is included number each consecutively.
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B. Results:

1. (F) (S) (P) Fair, equitable, "non-discriminating rates" for disabled based on performance and ability.
2. (F) Find the reasoning in insurance companies' thinking to see why they are in a high risk category.
3. (F) (S) (P) Insurance rates should be based on the risk of the owner of the vehicle, not the driver. If there is a no-fault system, then it should not be discriminatory of disabled drivers and there should be no fault.

Implementation Plan:

- (a) Change Federal Regulations for insuring disabled drivers. Group insurance could be provided (federally operated funds) for disabled, thus forming a national handicapped organization. Federally stated insurance rates should be studied further as to what stipulations are made of the companies and what kind of insurance do they have to provide?

Solution/Implementation Plans Continued:

- (b) Make Insurance Commission accountable to:
 - (1) Civil Rights agency
 - (2) Make a report to public on insurance companies complying (create fishbowl), (ACCD, NARC, CPH) and account for why other companies are not.
 - (3) Allow disabled consumer organizations who want to receive notice of proposed rate increases before they are implemented and have opportunity to respond.
 - (4) Develop list of companies who are fair.
 - (5) Insurers themselves must have factual information in order to challenge any arbitrary rates. (New York study found that disabled drivers are equal to or better drivers than those who are not handicapped) This information must be communicated to the insurances companies as documented material.
- (c) (S) Public Utilities Commission or Insurance Commission set rates other than private insurance companies.

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ISSUE REPORTING FORM

I. CONCERN AREA: SOCIAL TOPIC: COMMUNICATION
ISSUE CODE NO. SOC VII-1 PREPARED BY: Bonnie Gellman

State the issue below. (One issue per page)

Given the role of the mass media in effecting attitudes, what should the industry do to promote accurate images of the abilities and problems of the handicapped individuals?

II. PROPOSED SOLUTION(S)

A. Instructions:

1. Indicate primary level of effect by placing (F) federal, (S) state, (L) local, (P) private, before stating solution.
2. Solution(s) Statement: State the proposed solution(s) succinctly but fully in the space provided below. If more than one solution is included number each consecutively.
3. Implementation Statement: State the proposed matter for implementing each of the proposed solutions after the solution statement.
4. Use additional blank sheets as required. Number each additional page and attach.

B. Results:

(F)(S)(L)(P) A more realistic portrayal of handicapped people should be presented by television programming. Handicapped people should be shown leading productive lives and included in commercials. Current programs are paternalistic toward the handicapped. Television tends to focus sympathetically on the handicapped child, but not on the successful handicapped adult.

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ISSUE REPORTING FORM

I. CONCERN AREA: SOCIAL TOPIC: COMMUNICATION

ISSUE CODE NO. SOC VII-2 PREPARED BY: Bonnie Gellman

State the issue below. (One issue per page)

How should current mass communication systems be adapted to meet all the communication needs (including the need for emergency warnings) of handicapped persons?

II. PROPOSED SOLUTION(S)

A. Instructions:

1. Indicate primary level of effect by placing (F) federal, (S) state, (L) local, (P) private, before stating solution.
2. Solution(s) Statement: State the proposed solution(s) succinctly but fully in the space provided below. If more than one solution is included number each consecutively.
3. Implementation Statement: State the proposed matter for implementing each of the proposed solutions after the solution statement.
4. Use additional blank sheets as required. Number each additional page and attach.

B. Results:

(F)(S)(L) The Federal Communication Commission (FCC) now requires that radio and television stations appropriate a given amount of time for public service announcements and provisions of information to consumers in need. While this is done by local stations in compliance with regulations, such information is released when most consumers are asleep. Government regulation should be required not only for the amount of time provided for public service announcements, but also for the time of day when this information is released.

Implementation Plan:

(a) FCC regulations

(F)(S)(L) Open or closed captions are not provided for the deaf and hearing impaired on commercial television stations. Captioned emergency announcements will be required by the FCC on all TV stations, effective February 1, 1977. A provision of closed captions and use of decoders on home TV sets is now on the docket before the FCC. This proposal is now opposed by three major networks and the association of broadcasters. Closed captioning has been successful experimentally in tests conducted by Public Broadcasting stations. The use of captioning must be encouraged and enforced.

Implementation Plan:

(a) FCC regulations

(F)(S)(L)(P) Telecommunication equipment (TTY) is used by deaf people and linked with the regular telephone system. TTY users are penalized in that they are charged the same long distance rates despite the fact that more time is required to complete a call by TTY than is required by voice telephone. Furthermore, TTY users do not have access to emergency numbers such as 911, access to the toll free 800 numbers. TTY equipment is not available in public buildings operated by Federal, State or local governments. A pro-rated fee schedule should be devised for long distance calls which does not discriminate against those who must use telecommunications. An 800 number should be provided for TTY users. A licensing system should be developed for TTY owners. This may include proof of a handicapping condition requiring use of this equipment. Access should be provided through TTY to existing emergency communication systems. TTY equipment should be provided in all public buildings.

Implementation Plan:

- (a) The above solutions can be regulated through the Federal Communications Commission and the Public Utility Commission.

Commonwealth of Pennsylvania
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ISSUE REPORTING FORM

I. CONCERN AREA: SOCIAL TOPIC: COMMUNICATIONS
ISSUE CODE NO. SOC VII-3 PREPARED BY: Bonnie Gellman

State the issue below. (One issue per page)

Given the cost factors, how can the priorities for the design and production of new or modification of existing, communication systems and devices best be identified and met?

II. PROPOSED SOLUTION(S)

A. Instructions:

1. Indicate primary level of effect by placing (F) federal, (S) state, (L) local, (P) private, before stating solution.
2. Solution(s) Statement: State the proposed solution(s) succinctly but fully in the space provided below. If more than one solution is included number each consecutively.
3. Implementation Statement: State the proposed matter for implementing each of the proposed solutions after the solution statement.
4. Use additional blank sheets as required. Number each additional page and attach.

B. Results:

(F)(S)(L)(P) There are a number of electronic devices now on the market to serve and assist the communicatively disabled. This group primarily includes the deaf, blind, deaf-blind, cerebral palsied and may include others with impaired communication skills. The cost of these devices is high and several companies are producing similar sensory devices. There is also a need to interface this equipment so that the various devices will be technically compatible with each other. Since the private sector is either reluctant or unable to expend funds for practical research, we recommend that the Federal government appropriate funds for research to improve existing or create new electronic communication equipment for the disability groups named above. If feasible, one or more devices should be developed which could be used by any of these groups. Consideration should be given to reducing the consumer cost of this equipment and tax credit should be provided for the consumer. The Federal government could also give grants or tax credits to manufacturers for research and development.

Implementation Plan:

- (a) This research could be conducted or coordinated through the existing Office of Captioned Films and Media Services.

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ISSUE REPORTING FORM

I. CONCERN AREA: ECONOMIC TOPIC: EMPLOYMENT

ISSUE CODE NO. ECC I-2 PREPARED BY: William Graffius

State the issue below. (One issue per page)

Are Sections 503 and 504 of the Rehabilitation Act of 1973 adequate in terms of creating job opportunities for all handicapped persons?

II. PROPOSED SOLUTION(S)

A. Instructions:

1. Indicate primary level of effect by placing (F) federal, (S) state, (L) local, (P) private, before stating solution.
2. Solution(s) Statement: State the proposed solution(s) succinctly but fully in the space provided below. If more than one solution is included number each consecutively.
3. Implementation Statement: State the proposed matter for implementing each of the proposed solutions after the solution statement.
4. Use additional blank sheets as required. Number each additional page and attach.

B. Results:

(F)(S) Sections 503 and 504 may be adequate legislatively, but the regulations and implementation are inadequate in achieving its purpose. For discussion purposes, our group separated these two sections.

Implementation Plan: Section 503

- (a) The Department of Labor, which has the responsibility of enforcing this provision, should undergo some changes. Their personnel assigned to this program should be enlightened with regard to the abilities and competence of the handicapped. It would be helpful if some of their staff were handicapped themselves. For adequate enforcement, increased funding to provide for greater staffing would be required. This staff should be easily accessible to all of the handicapped. To expedite complaints, a suggested time frame was adopted as follows:
1. Within 15 days of receipt of complaint make contact with the complainant and acknowledge receipt thereof;
 2. Within 105 days of receipt of complaint, make determination in favor of either complainant or respondent and begin the required conciliation process;
 3. Within 195 days of receipt of complaint, begin enforcement procedures.

Implementation Plan (Continued):

- (b) DOL has consumer representation panels covering the activities they are responsible for. Some handicapped people should be appointed to such committees, particularly that relating to oversight of 503.
- (c) It was recommended that the Rehabilitation Act be amended to cover legal costs for the handicapped to be paid by the employer in the event the handicapped person wins the action.
- (d) At each covered company, there should be designated a high level person who has knowledge, insight, and authority in regard to the employment of the handicapped. This person need not necessarily have full time responsibilities in this area (for smaller companies) but the person so designated should have full authority and accessibility to deal with hiring, job changes, modification and other problems dealing with the employment of the handicapped.
- (e) Special tools and equipment needed by the handicapped to perform their job should continue to be the responsibilities of the company except where they can be provided to BVR's clients. However, architectural changes to facilitate accessibility and improve the working environment should be possible by grants made to companies who qualify. Some formula should be developed which would provide for a certain number of additional jobs for the handicapped tied to the amount of the grant. A secondary plan would allow an add-on to the contract price to recover the costs of such construction costs. As an alternate proposal for government grants, the contract price to the government can be adjusted to cover the expenditure made for extensive architectural changes. BVR should be encouraged to make its policy on the purchasing of tools and special equipment for their clients more universally known to the clients and to all employers and potential employers.
- (f) In the enforcement of 503, the definition of the handicapped should relate to the severely handicapped as defined in the Rehabilitation Act of 1973.
- (g) Goals and timetables to measure the progress being made in affirmative action would be established.

Implementation Plan: Section 504

- (a) Affirmative action should be required as in 503 including goals and timetables as recommended for 503. All grantees and receivers of federal funds, including states, counties, cities and other political sub-divisions should be included.
- (b) There should be a single administrative authority for 504 with one set of regulations that would be applied across the board to all departments of federal government.

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ISSUE REPORTING FORM

I. CONCERN AREA: ECONOMIC TOPIC: EMPLOYMENT
ISSUE CODE NO. ECC I-11 PREPARED BY: William E. Graffius

State the issue below. (One issue per page)

How could Federal and/or State hiring procedures be improved for disabled job applicants?

II. PROPOSED SOLUTION(S)

A. Instructions:

1. Indicate primary level of effect by placing (F) federal, (S) state, (L) local, (P) private, before stating solution.
2. Solution(s) Statement: State the proposed solution(s) succinctly but fully in the space provided below. If more than one solution is included number each consecutively.
3. Implementation Statement: State the proposed matter for implementing each of the proposed solutions after the solution statement.
4. Use additional blank sheets as required. Number each additional page and attach.

B. Results:
(F)(S)

1. Recommend that both federal and state civil service provide a ten point preference for the handicapped similar to that extended to veterans.
2. There should be better coordination between B.E.W. special placement and B.V.R. and O.V.H. placement efforts.
3. Placement efforts by B.V.R. and O.V.H. should be strengthened. Emphasis should be on quality of closures, not just on quantity.
4. The Governor's Advocate for the Physically Handicapped should be given the responsibility to seek out qualified persons for all top positions in state government.
5. Governor Shapp should communicate to the Carter transition team the need to recruit handicapped persons for top level positions in the federal government from cabinet down.

Implementation Plan:

- (a) The State Employment Service should have a special placement service for the handicapped. This should be centrally administered with direct control over local specialized personnel. All personnel employed in these units should have an understanding and commitment to the handicapped. It would help to have handicapped persons employed in these units so that the handicapped clients could identify with these specialists. This will require additional funding and administrative support.
- (b) Either by presidential executive order or by legislative change, if necessary, Section 501 of the Rehabilitation Act should be enforced so that federal and state hiring procedures would be enhanced for employment of the handicapped. Handicapped clients who feel they have been discriminated against should have the same opportunity for filing a complaint as they can under 503.
- (c) Budget must be allocated to provide staff to stay abreast of position openings and their respective requirements.
- (d) The President should create a position directly responsible to him similar to Pennsylvania's Advocate who could be concerned with problems of the handicapped and would carry special responsibility for seeking out qualified handicapped persons to fill openings as they occur.
- (e) Without interfering with the benefits enjoyed by the blind under the Randolph-Shepard Act, legislation should be passed which would provide for small business opportunities for the handicapped on government installations.
- (f) Under the Small Business Administration Act, amendments should be made which provide for loans to the handicapped as well as other advice and assistance to facilitate their getting into small business.

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ISSUE REPORTING FORM

I. CONCERN AREA: ECONOMIC TOPIC: ECONOMIC OPPORTUNITY

ISSUE CODE NO. ECC II-3 PREPARED BY: William E. Graffius

State the issue below. (One issue per page)

How can existing Federal and State income tax provisions be modified to guarantee equitable tax treatment for handicapped persons and their families?

II. PROPOSED SOLUTION(S)

A. Instructions:

1. Indicate primary level of effect by placing (F) federal, (S) state, (L) local, (P) private, before stating solution.
2. Solution(s) Statement: State the proposed solution(s) succinctly but fully in the space provided below. If more than one solution is included number each consecutively.
3. Implementation Statement: State the proposed matter for implementing each of the proposed solutions after the solution statement.
4. Use additional blank sheets as required. Number each additional page and attach.

B. Results:

(F)(S) Experts at both State and Federal level should form a committee to re-evaluate and provide additional tax relief for the handicapped.

Implementation Plan:

- (a) Offer credit to taxes paid
- (b) Internal Revenue Service should compile a publication enumerating all benefits now available for tax relief.

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ISSUE REPORTING FORM

I. CONCERN AREA: ECONOMIC TOPIC: ECONOMIC OPPORTUNITY

ISSUE CODE NO. ECC II-7 PREPARED BY: William E. Graffius

State the issue below. (One issue per page)

What Federal, State and local regulations must be changed to secure a universally acceptable identification card for handicapped individuals -- to facilitate financial and social transaction; necessary to daily living?

II. PROPOSED SOLUTION(S)

A. Instructions:

1. Indicate primary level of effect by placing (F) federal, (S) state, (L) local, (P) private, before stating solution.
2. Solution(s) Statement: State the proposed solution(s) succinctly but fully in the space provided below. If more than one solution is included number each consecutively.
3. Implementation Statement: State the proposed matter for implementing each of the proposed solutions after the solution statement.
4. Use additional blank sheets as required. Number each additional page and attach.

B. Results:

(F)(S) Regardless of the origin, the source of identification should include a number (possibly Social Security #) name, address, and other pertinent information regarding disabilities and medical problems. The card should also include a photo of the individual and be updated on a regularly prescribed basis.

Implementation Plan:

No specific Implementation Plan provided

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ISSUE REPORTING FORM

I. CONCERN AREA: ECONOMICS TOPIC: ECONOMIC SECURITY

ISSUE CODE NO. ECC III-9 PREPARED BY: William E. Graffius

State the issue below. (One issue per page)

How can S.S.I. programs be modified to improve interim income maintenance for permanently and severely handicapped individuals?

II. PROPOSED SOLUTION(S)

A. Instructions:

1. Indicate primary level of effect by placing (F) federal, (S) state, (L) local, (P) private, before stating solution.
2. Solution(s) Statement: State the proposed solution(s) succinctly but fully in the space provided below. If more than one solution is included number each consecutively.
3. Implementation Statement: State the proposed matter for implementing each of the proposed solutions after the solution statement.
4. Use additional blank sheets as required. Number each additional page and attach.

B. Results:

1. (F) Amend existing law to guarantee continuance of S.S.I. income regardless of parental earnings.
2. (F) Existing practices should be standardized on a national basis and not subject to local or regional interpretation.

Implementation Plan:

No specific Implementation Plan provided.

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ISSUE REPORTING FORM

I. CONCERN AREA: ECONOMIC TOPIC: ECONOMIC SECURITY

ISSUE CODE NO. ECC III-10 PREPARED BY: William E. Graffius

State the issue below. (One issue per page)

How can the social security disability insurance fund be modified to permit expanded benefits to the severely handicapped persons by the funding as a dis-incentive to work?

II. PROPOSED SOLUTION(S)

A. Instructions:

1. Indicate primary level of effect by placing (F) federal, (S) state, (L) local, (P) private, before stating solution.
2. Solution(s) Statement: State the proposed solution(s) succinctly but fully in the space provided below. If more than one solution is included number each consecutively.
3. Implementation Statement: State the proposed matter for implementing each of the proposed solutions after the solution statement.
4. Use additional blank sheets as required. Number each additional page and attach.

B. Results:

(F)(S)

1. Train and rehabilitate so that the handicapped person can be gainfully employed.
2. Encourage a joint effort between State B.E.S. and B.V.R. and the S.S.D.I. program to ensure gainful and lasting employment
3. Easy loans to start own business.
4. Interpret and impose S.S.D.I. program evenhandedly.

Implementation Plan:

No specific Implementation Plan provided.

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ISSUE REPORTING FORM

I. CONCERN AREA: EDUCATION TOPIC: PRE-SCHOOL (0-5 YEARS)

ISSUE CODE NO. EDC I-1 PREPARED BY: Dr. Marechal Neil-Young

State the issue below. (One issue per page)

In addition to court and federally mandated "right to education" programs, what additional activities and legislation must be initiated to provide all pre-school handicapped children, from birth to five, with appropriate educational provisions?

II. PROPOSED SOLUTION(S)

A. Instructions:

1. Indicate primary level of effect by placing (F) federal, (S) state, (L) local, (P) private, before stating solution.
2. Solution(s) Statement: State the proposed solution(s) succinctly but fully in the space provided below. If more than one solution is included number each consecutively.
3. Implementation Statement: State the proposed matter for implementing each of the proposed solutions after the solution statement.
4. Use additional blank sheets as required. Number each additional page and attach.

B. Results:

(S) (L) (P) Particularly with young children there is need to eliminate categorization and labeling. Attention should focus upon the individual child's needs. Education and training should be based upon the individual child's strengths and deficiencies.

Diagnostic procedures should be refined, particularly those applied to multiple handicapped young children having normal or better than normal intelligence.

Implementation Plan:

- (a) At the state level revise the method of organization and funding of special education to eliminate the requirement for labeling children.
- (b) At the local level develop effective means of instruction in regular classrooms for handicapped children.
- (c) At the local level develop supportative services directed toward meeting the individual needs of handicapped children, which would eliminate separating them from regular children.

Additional comments, including minority reports:

Nursery School and Kindergarten classes should be organized to include handicapped children. Class size and the number of handicapped children in a class are factors which affect instruction.

If adequate support services are not provided, individual needs of handicapped children will not be met. Separate classes are then better for their instruction.

MINORITY REPORT

"Incorporate into the state regulations providing program priorities for the programs offered by non-approved agencies, schools, etc. when they are more appropriate or where such programs or services do not exist in localities. Specifically, Section 13 states all programs will be looked at but only those 'approved' are on the list of priorities."

"The State Board of Education is only authorized to make regulations based on the School Law. Appropriating funds to agencies other than those administered or approved by the Department of Education is in violation of the School Law."

Statement by Resource Person Ms. Nancy Heymen

Minority Report therefore recommends legislative changes to cover necessary change in the regulations indicated above.

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ISSUE REPORTING FORM

I. CONCERN AREA: EDUCATION TOPIC: PRESCHOOL (0-5) YEARS

ISSUE CODE NO. EDC I-1 PREPARED BY: Dr. Marechal Neil-Young

State the issue below. (One issue per page)

In addition to court and federally mandated "right to education" programs, what additional activities and legislation must be initiated to provide all pre-school handicapped children, from birth to five, with appropriate educational provisions?

II. PROPOSED SOLUTION(S)

A. Instructions:

1. Indicate primary level of effect by placing (F) federal, (S) state, (L) local, (P) private, before stating solution.
2. Solution(s) Statement: State the proposed solution(s) succinctly but fully in the space provided below. If more than one solution is included number each consecutively.
3. Implementation Statement: State the proposed matter for implementing each of the proposed solutions after the solution statement.
4. Use additional blank sheets as required. Number each additional page and attach.

B. Results:

(L) (P)

1. Each school should have an information center to provide help within the neighborhood for parents of young children having disabilities. Consultation by physicians and other agency personnel should be available there.
2. Physicians should refer parents to appropriate agencies including school consultation centers as soon as a child is identified, possibly at birth, as having a handicapping condition.
3. The local school district and/or intermediate unit should be responsible for in-service training to include school boards, administrators and staff.
4. In rural areas, where programs are not available for all exceptionalities, parents should have a choice of facilities within a reasonable geographic area.
5. The local school district or intermediate unit should provide transportation.
6. If the local school district or intermediate unit does not have the necessary facility to provide for a child's needs this service should be purchased from a private agency.

(Continued)

(S) Implementation Plan:

Local school districts should be directed by the State Plan for Special Education to provide consultation centers at the neighborhood level for the assistance of parents and professional personnel concerned with meeting the needs of handicapped young children.

STATEMENT WRITTEN AND SUBMITTED BY MRS. SOMERTON-FAIR,
WORKSHOP RESOURCE PERSON

Model pre-school programs either funded through the Federal Government (Bureau of Education for the Handicapped) or from the State level be mandated to produce self-explanatory packets of information regarding their programs. The purpose of these information packets would be to inform other new programs of the processes for developing a pre-school program similar to the model program.

A State Clearing House should be developed so that widespread dissemination of the self-explanatory packets would be successful. There should be identifiers assigned to the programs, so interested persons wanting to know about the development and implementation of special types of programs might simply state that they would like to request all self-explanatory packets on a specific area or disability that has been labeled with an identifier.

Accountability should be enforced to assure that these self-explanatory packets be developed and sent to the State Clearing House. Additional funding should be dependent on this.

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ISSUE REPORTING FORM

I. CONCERN AREA: EDUCATION TOPIC: PRESCHOOL (0-5 YEARS)

ISSUE CODE NO. EDC I-1 PREPARED BY: Dr. Marechal Neil-Young

State the issue below. (One issue per page)

In addition to court and federally mandated "right to education" programs, what additional activities and legislation must be initiated to provide all pre-school handicapped children, from birth to five, with appropriate educational provisions?

II. PROPOSED SOLUTION(S)

A. Instructions:

1. Indicate primary level of effect by placing (F) federal, (S) state, (L) local, (P) private, before stating solution.
2. Solution(s) Statement: State the proposed solution(s) succinctly but fully in the space provided below. If more than one solution is included number each consecutively.
3. Implementation Statement: State the proposed matter for implementing each of the proposed solutions after the solution statement.
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B. Results:

(F) (S) (L)

1. Mandate appropriate pre-school education for handicapped at all levels. (Federal, State, local).
2. Provide adequate funding for appropriate pre-school programs for all handicapped children.
3. Life skills or self-care skills must be included in the mandated programs for the handicapped.
4. Pre-service education should provide all teachers with skills to teach handicapped.
5. Plans should be developed to determine the effectiveness of in-service training. Cost-accountability studies are recommended.
6. State education plan should be revised to include provision for education of children ages 0-5 years. Regulations should be framed consistent with the change with attention to needs of handicapped.
7. All teachers of handicapped young children should have state certification.

Implementation Plan Continued:

- (a) Legislation is required at the state level to extend the provision of education downward to 0 to 5 years for all children including the handicapped.
- (b) Legislation is required at the state level which would mandate pre-service education for teachers which would equip them to understand and instruct the exceptional child.
- (c) Legislation is required at the state level to provide for certification of teachers of the child having need for special education outside of the regular classroom.

STATEMENT PROVIDED BY ONE PARTICIPANT

The state legislature must assure, through specific legislation, sufficient funds for the implementation of a comprehensive education program for each of the Commonwealth's pre-school handicapped children.

This program should include provisions for: proper identification of all handicapped children; diagnosis and evaluation of each child; proper referral and placement to an appropriate program; sufficient funding for each school and agency which provides the full range of instructional and supportive services to pre-school handicapped children.

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ISSUE REPORTING FORM

I. CONCERN AREA: EDUCATION TOPIC: PRE SCHOOL (0-5 YEARS)

ISSUE CODE NO. EDC I-3 PREPARED BY: Dr. Marechal Neil-Young

State the issue below. (One issue per page)

How can the principles of "integration" of the handicapped with the non-handicapped be effectively instituted in programs for pre-school educational intervention?

II. PROPOSED SOLUTION(S)

A. Instructions:

1. Indicate primary level of effect by placing (F) federal, (S) state, (L) local, (P) private, before stating solution.
2. Solution(s) Statement: State the proposed solution(s) succinctly but fully in the space provided below. If more than one solution is included number each consecutively.
3. Implementation Statement: State the proposed matter for implementing each of the proposed solutions after the solution statement.
4. Use additional blank sheets as required. Number each additional page and attach.

B. Results:

- (S) Incorporate in state plan the elimination of categorization and labeling. Direct education and training plans toward meeting the individual child's strengths and deficiencies.

Implementation Plan:

Revise method of organization and funding of special education to eliminate the requirement for labeling children.

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ISSUE REPORTING FORM

C. CONCERN AREA: EDUCATION TOPIC: PRE-SCHOOL(0-5 YEARS)

ISSUE CODE NO. EDC I-3 PREPARED BY: DR. Marechal Neil-Young

State the issue below. (One issue per page)

How can the principles of "integration" of the handicapped with the non-handicapped be effectively instituted in programs of pre-school educational intervention?

C. PROPOSED SOLUTION(S)

A. Instructions:

1. Indicate primary level of effect by placing (F) federal, (S) state, (L) local, (P) private, before stating solution.
2. Solution(s) Statement: State the proposed solution(s) succinctly but fully in the space provided below. If more than one solution is included number each consecutively.
3. Implementation Statement: State the proposed matter for implementing each of the proposed solutions after the solution statement.
4. Use additional blank sheets as required. Number each additional page and attach.

B. Results:

- (L) Develop more effective instruction of handicapped children in regular classrooms.

Implementation Plan:

- (a) Develop programs of pre-service and in-service training to equip regular teachers with skills to instruct exceptional children in regular classes.
- (b) Develop supportive services (tutoring, small group instruction, resource rooms, itinerant teacher services, specialized media and materials) to aid the classroom teacher in providing individualized instruction.
- (c) Provide continuous in-service training to special educators who serve as expert back-up consultants to those regular teachers.

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ISSUE REPORTING FORM

CONCERN AREA: EDUCATION TOPIC: PRESCHOOL (0-5 YEARS)

ISSUE CODE NO. EDC I-4 PREPARED BY: DR. MARECHAL NEIL-YOUNG

State the issue below. (One issue per page)

Given that there are many adequate models for educating pre-school aged children, how can the provision of services to pre-school handicapped children be rapidly expanded, using these models to ensure a high quality of program?

PROPOSED SOLUTION(S)

A. Instructions:

1. Indicate primary level of effect by placing (F) federal, (S) state, (L) local, (P) private, before stating solution.
2. Solution(s) Statement: State the proposed solution(s) succinctly but fully in the space provided below. If more than one solution is included number each consecutively.
3. Implementation Statement: State the proposed matter for implementing each of the proposed solutions after the solution statement.
4. Use additional blank sheets as required. Number each additional page and attach.

B. Results:

1. (L) The technical assistance available for information re model and instruction in its development and use should be sought by local agencies.

Implementation Plan:

Prior to development of programs, local school districts should become knowledgeable of models developed in other localities and use help through federal, state and local dissemination agencies to implement models.

2. (S) (L) Mandate pre-school programs including accountability in programming to public school or similar responsible agency.

Implementation Plan:

Build into any mandate concerning organization of pre-school education regulations which will be monitored by the governing agency.

Solutions/Implementation Plans Continued:

3. (S) (L) Provide printed descriptive brochures on all programs and services offered at the pre-school level. Distribute to a broad mailing list.

Implementation Plan:

Require the Department of Education to develop and disseminate printed materials concerning pre-school education.

Develop broad mailing lists such as the mailing list of the Grand Stand.

Have routine mailing procedures established.

Use the Commonwealth Child Development Dissemination Program as a clearing house.

4. (F) (S) (L) Provide adequate information to community service organizations re the availability of models in pre-school programming through established federal projects (Get-Set; Head Start; Follow Through)

Implementation Plan:

(a) Secure printed materials from established pre-school programs and disseminate widely.

(b) Have frequent opportunities for interaction with staff representatives of local pre-school educational programs (joint faculty meetings, conferences, on-site visitations and demonstrations.)

5. (S) (L) Utilize ERIC information lists to include pre-school and disseminate to parent and advocate groups.

Implementation Plan:

Secure lists from regional resource center for handicapped children and disseminate to social agencies, advocate groups, home and school councils, and other organizations serving young children.

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ISSUE REPORTING FORM

I. CONCERN AREA: EDUCATION TOPIC: PRE-SCHOOL (0-5 YEARS)

ISSUE CODE NO. EDC I-5 PREPARED BY: Dr. Marechal Neil-Young

State the issue below. (One issue per page)

Knowing that appropriate early education intervention requires the services of a variety of personnel trained in different disciplines, how can inter-disciplinary training and teamwork be encouraged and developed through institutions of high education?

II. PROPOSED SOLUTION(S)

A. Instructions:

1. Indicate primary level of effect by placing (F) federal, (S) state, (L) local, (P) private, before stating solution.
2. Solution(s) Statement: State the proposed solution(s) succinctly but fully in the space provided below. If more than one solution is included number each consecutively.
3. Implementation Statement: State the proposed matter for implementing each of the proposed solutions after the solution statement.
4. Use additional blank sheets as required. Number each additional page and attach.

B. Results:

1. (F) Federal funding could make possible the awarding of grants to personnel who are planning to enter or are employed in programs emphasizing inter-disciplinary services.

Implementation Plan:

- (a) School districts should be encouraged to organize interdisciplinary teams to provide support services to staff, parents and community. Proposals could then be enacted to secure stipends for cooperative in-service training sponsored by universities, school districts, etc.
 - (b) Federal guidelines for in-service training grants could be specific re support of inter-disciplinary teams servicing handicapped persons with the emphasis on pre-school children.
2. (F) (S) All disciplines should be involved in planning at state and federal levels for services to meet the needs of pre-school children.

Implementation Plan:

Professional planning at state and federal levels should be interdepartmental. Departments of Education, Welfare and Health particularly should plan cooperatively.

Solution/Implementation Plans Continued:

3. (S) Certification requirements should be revised to include emphasis on interdisciplinary team experience.

Implementation Plan:

State certifying agencies should develop cooperatively with higher education pre-service and in-service training guidelines to implement plans for recognition of interdisciplinary courses as well as internship programs.

4. (S) (L) University courses based in schools allow for pre-service experience on the part of graduate students on interdisciplinary teams or as the recipients of services provided classroom teachers by such teams.

Implementation Plan:

Local school districts should initiate the cooperative planning of graduate courses in special education designed to bring university instruction into public schools where a number of graduate students are placed as interns. Activities within the school should then emphasize interdisciplinary team services to children, their teachers, parents and community. Student interns would benefit from these experiences in actual on-site participation as well as to stimulate expansion of the interdisciplinary approach in the university and school settings.

5. (S) (L) Stimulate attitudinal changes within departments and/or among department executives in state and local government.

Implementation Plan:

- (a) Involve officials from these departments in professional meetings and conferences where problems relative to the provision of services and programs for the handicapped are being analyzed in order to arrive at joint solutions.
 - (b) Have published materials sent regularly to departments of Welfare, Education, Health, Transportation and Recreation. There is a potential need for understanding cooperative measures relative to provision of services and programs for all pre-school children including the handicapped.
6. (S) (L) Professional schools preparing physicians, therapists, psychologists, teachers, and administrators should be encouraged to use the interdisciplinary approach in the preparation of students. All such preparation should consider the particular understandings and skills essential in servicing the pre-school handicapped child. In addition to providing the courses, students should have more opportunity to take elective courses across departmental lines with emphasis on field experience and actual work with pre-school children as early as possible.

Solution/Implementation Plan Continued:

6. Continued:

Implementation Plan:

- (a) State school systems should work cooperatively with universities in the development of appropriate courses and plan meaningful internships. These planning sessions should include representations across departmental lines.
- (b) State Advisory Committees on Special Education should include representatives of major professional departments in order to provide orientation and stimulation.

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ISSUE REPORTING FORM

I. CONCERN AREA: EDUCATION TOPIC: PRE-SCHOOL (0-5 YEARS)

ISSUE CODE NO. EDC I-6 PREPARED BY: Dr. Marechal Neil-Young

State the issue below. (One issue per page)

How can current research results be disseminated to those working directly with pre-school aged handicapped children and their parents?

I. PROPOSED SOLUTION(S)

A. Instructions:

1. Indicate primary level of effect by placing (F) federal, (S) state, (L) local, (P) private, before stating solution.
2. Solution(s) Statement: State the proposed solution(s) succinctly but fully in the space provided below. If more than one solution is included number each consecutively.
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B. Results:

(F) (S) (L) Federal projects should have built into the research design a dissemination plan which is included in the funding. Planning and implementation of these projects should place major emphasis upon use of research findings in treatment agencies, school programs and services directed toward pre-school children and their parents.

Implementation Plan:

- (a) In the development of projects the research centers (schools; social; health and welfare agencies) should work cooperatively in order to assure use of research findings when projects are completed.
- (b) Results of project should be distributed widely to all service agencies, schools, health and welfare institutions, parent, advocate groups and community organizations. Language should be understandable by the lay-community.
- (c) The research design should give attention to cost effectiveness in order that the findings might not only help the consumer but prove to be profitable as well.
- (d) Consumers should be on grant approval boards to develop guidelines, evaluate and re-evaluate projects as well as to approve grants, their participation at the planning and policy level will contribute greatly to use of findings.

Minority Reports:

MINORITY REPORT

We have addressed ourselves specifically to public schools and funds directed through the public schools. Word for future legislation should be all inclusive in the sense that all agencies now providing services-pre-school education programs-both public and private- i.e. Easter Seal, United Cerebral Palsy, private schools, Department of Welfare and those who wish to provide services in the future be entitled to funds to begin or continue in their programs-not to duplicate or have services discontinued and cast upon the public school. This would create a severe hardship on program development and implementation into providing the pre-school handicapped child the right-to-education.

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ISSUE REPORTING FORM

I. CONCERN AREA: EDUCATION TOPIC: PRE-SCHOOL (0-5 YEARS)

ISSUE CODE NO. EDC I-7 PREPARED BY: Dr. Marechal Neil-Young

State the issue below. (One issue per page)

How can we break down the attitudinal barriers which may retard the development of responsive educational barriers for pre-school handicapped children?

II. PROPOSED SOLUTION(S)

A. Instructions:

1. Indicate primary level of effect by placing (F) federal, (S) state, (L) local, (P) private, before stating solution.
2. Solution(s) Statement: State the proposed solution(s) succinctly but fully in the space provided below. If more than one solution is included number each consecutively.
3. Implementation Statement: State the proposed matter for implementing each of the proposed solutions after the solution statement.
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B. Results:

1. (F) (S) (L) Use all media for an outreach to the public.

Implementation Plan:

- (a) A communications network should be developed on local, state and federal levels to assure broad dissemination of information regularly re pre-school ahdnicapped children.
 - (b) Federal funding should be provided to support and expand telecasts such as "Mr. Rogers' Neighborhood" and "Sesame Street" with emphasis upon increased integration of all levels of mentally retarded young children as well as other exceptionalities, wherever placements are most appropriate.
2. (L) Have texts and materials used in schools represent more adequately and effectively the handicapped.

Implementation Plan:

- (a) State and local departments of education should develop materials emphasizing inclusion of material to build information about the handicapped as well as to provide a helpful positive image of the handicapped young child.

Implementation Plan Continued:

- (b) Committees at the state and local levels evaluating textbooks and materials for pupils use should be attentive to whether a positive image of the handicapped child is presented.
- 3. (S) Develop clearinghouse agencies geographically located for the dissemination of information re the pre-school handicapped child.

Implementation Plan:

Through federal proposal grant application regional resource centers may be funded for collection and organized distribution of information to educational and community agencies.

- 4. (L) Existing agencies should be used for increased public awareness of the needs of handicapped young children.

Implementation Plan:

The network of parent services including the school Home and School Associations, Parent Unions, Citizens Committee on Public Education and all advocate organizations should serve as channels for continuous information re needs of the pre-school handicapped child.

- 5. (F) The use of IRS aid to organizations to facilitate outreach through tax exemptions and non-profit status is a possible plan.

Implementation Plan:

Through federal channels determine the feasibility of this measure. Parent advocate groups would probably be the more effective intermediaries.

- 6. (L) Use lobbies to aid in interpreting the needs of pre-school handicapped children to legislative bodies including individual legislators and key funding committees and departments.

Implementation Plan:

Parent groups and consumer-advocates could be particularly effective in organizing and supporting lobbyists in the interest of the pre-school handicapped child.

- 7. (L) Student volunteer programs allowing students to work with handicapped children should be organized and funded where possible through private foundations and federal sources.

Implementation Plan:

Develop projects in local schools whereby students help young handicapped children with self care needs or in tutoring or recreational relationships. Students may receive stipends as Neighborhood Job Corps workers or may receive expenses through funds provided by Home and School Associations or philanthropic as well as federal sources.

Solutions/Implementation Plans Continued:

8. (L) Increased exposure of handicapped young children to the normal community is a major fact in building understanding acceptance of the children in schools and other aspects of community life.

Implementation Plan:

- (a) There is necessity to help the parents of handicapped children to risk greater exposure of their children.
 - (b) An education campaign among parents and advocate groups as well as broad community interpretation is needed.
 - (c) Reverse exposure of normal children with handicapped children is an innovative approach to more involvement of the handicapped in the main stream.
9. (L) Regular parents should be used increasingly as volunteers in schools offering programs including the handicapped in order that there might be increased interpretation through their exposure to the handicapped child. Also the expertise of the parents of handicapped children might have exposure and recognition by parents of regular pupils when these parents have greater freedom to be a part of school activities.

Implementation Plan:

- (a) Home and School Associations should actively support parent involvement in instructional activities particularly those programs characterized by integration of handicapped children.
 - (b) In-Service programs within the school should include parents of regular and handicapped pupils along with instructional staff in order tht interaction in discussion will influence attitudes.
10. (L) (S) Since attitudinal barriers exist on all instructional levels, professional organizations should be enlisted to in-service their members as well as to use all means at their disposal for disseminating information and providing experiences to give positive interpretation with the needs of the pre-school and young handicapped child.

Implementation Plan:

- (a) Policy Committees of local Union (Federation of Teachers) as well as PSEA; CEC and other professional groups should be encouraged to include sessions in conferences and professional meetings to provide their membership and broad educational community with understandings.
- (b) Such organizations should serve as lobbys to secure funding to make possible organized dissemination of information to increase public awareness and knowledge.

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ISSUE REPORTING FORM

I. CONCERN AREA: EDUCATION TOPIC: School ages (5-21)

ISSUE CODE NO. EDC II-1 PREPARED BY: Dr. Michael Sinco

State the issue below. (One issue per page)

In addition to court and Federally mandated "right to education" programs, what steps must be taken to implement the "right to education" in State and local settings?

II. PROPOSED SOLUTION(S)

A. Instructions:

1. Indicate primary level of effect by placing (F) federal, (S) state, (L) local, (P) private, before stating solution.
2. Solution(s) Statement: State the proposed solution(s) succinctly but fully in the space provided below. If more than one solution is included number each consecutively.
3. Implementation Statement: State the proposed matter for implementing each of the proposed solutions after the solution statement.
4. Use additional blank sheets as required. Number each additional page and attach.

B. Results:

(F)(S)(L)(P)

1. In-service training programs should be mandated for vehicle drivers of the handicapped in order to develop an awareness of specific problems and to identify the most appropriate handling techniques.
2. Once the handicapped have been identified a long range plan should be devised under the direction of a multidisciplinary team which should also include the parents of the handicapped.
3. Counselling and guidance services should be made available to handicapped individuals and their parents. It is recommended that the counselor should be specifically trained to deal with the special problems of the handicapped. It is also mandated that it not be a regular school counselor. This is needed to insure the in-success of a mainstreaming program.
4. Guidelines should be established and enforced to insure that regular school buildings and vocational technical schools should be made accessible to the handicapped and also to insure that mainstreaming becomes a reality.

5. It is mandated that all costs for transporting any handicapped individual to and from private and public schools, state hospitals and other state related schools (see implementation plan #5). The travel time occurred between place of residency and educational institutions would not exceed the maximum of one hour, one way, if possible.
6. Implementation of a multidisciplinary approach in terms of diagnostic appraisal of a preschool or school age individual is needed in order to come up with a specific program of training or education.
7. In-service training and training systems of all personnel (i.e. custodial, cafeteria, educational, vehicle drivers and administrators) in the educational setting is recommended to meet the needs of handicapped individuals.
8. When evaluating a school district regarding the handicapped programs, the legislative compliance input from consumers, parents and social service agencies is needed to facilitate handicapped people being represented in this process. A ration of 50% consumer, 25% parent, and 25% other is recommended for establishing basic administrative functioning of such input.
9. The local school district, state hospital or other state related schools should provide and subsidize supportive services for the handicapped individual.
10. Programs that are available for handicapped individuals of average and below average intelligence should also be extended to talented and gifted handicapped individuals.

Implementation Plan:

1. The Department of Transportation should mandate that inservice training should occur before the beginning of each school year.
2. The State Department of Handicapped require school systems to set up long-range plans for the handicapped which should be strongly monitored by the local Rights to Education Task Force.
3. Department of Education should mandate and regulate the accessibility of new and remodeled schools for the handicapped and be monitored by the local Rights to Education Task Force.
4. The Department of Special Education should mandate that handicapped individuals be provided the services of a specially trained counselor.
5. Legislation should mandate that the cost for transporting all handicapped should be provided by the State budget of special education.

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ISSUE REPORTING FORM

I. CONCERN AREA: EDUCATION TOPIC: School Ages (5-21)

ISSUE CODE NO. EDC II-3 PREPARED BY: Dr. Michael Sinco

State the issue below. (One issue per page)

How can the principles of integration of the handicapped. . . be translated into appropriate programs for educating handicapped children in the elementary and secondary schools?

II. PROPOSED SOLUTION(S)

A. Instructions:

1. Indicate primary level of effect by placing (F) federal, (S) state, (L) local, (P) private, before stating solution.
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B. Results:

(F)(S)(L)

1. In teacher preparation institutions it is strongly recommended that all regular class teachers be required to take at least two courses regarding the exceptional individual.
2. It is also recommended that in obtaining permanent certification six of the twenty-four credits should occur in the area of identifying and managing problems of the handicapped.
3. When teachers are permanently certified, it is recommended that the school system or intermediate units provide six to ten hours of in-service training dealing with the handicapped.
4. School districts should encourage further study of the handicapped by subsidizing courses taken beyond permanent certification.
5. It is strongly recommended that a full-time special education teacher consultant become available to regular class teacher to aid in the mainstreaming of the handicapped.

6. In order to insure the success of integration it is recommended that a resource concept be set up in the regular school to aid handicapped individuals with gradual introduction into the regular class schedule.
7. The Federal Government should increase the funds allocated to the training of handicapped individuals in vocational schools. It is also recommended that vocational technical schools come into compliance with the already established 10% guideline.
8. The presently 10% mandated guidelines for involvement of the handicapped in vocational technical schools should be increased to facilitate more handicapped individual enrollment in these schools.
9. Handicapped teachers should be hired in all educational settings not just those limited to the teaching of classes for the handicapped.
10. The regular class population should participate in courses that sensitize the problems of handicapped individuals for the purposes of integration.
11. Handicapped individuals are given the choice to file complaint forms with appropriate state and federal agencies governing employment and housing opportunities.

Implementation Plan:

1. The State Department of Higher Education should mandate a change of academic programs to include courses of exceptionality.
2. The certifying colleges revise their guidelines for permanent certification to include courses related to exceptional individuals.

The state colleges cooperate with the State Department of Education in establishing certification guidelines.
3. The department mandate six to ten hours of in-service training on the handicapped for all teachers.
4. The State Department of Education should provide reimbursement for school districts as an incentive for course work beyond permanent certification.
5. The State Special Education Department should establish a position as special education teacher consultant to assist regular education teachers in the mainstreaming process.
6. The State Department of Special Education should establish the resource room concept as a part of the mainstreaming concept.
7. Strong lobby on the part of all agencies representing handicapped individuals for increased funding and proportion enrollment in vocational technical schools.
8. Job discrimination be eliminated regarding employment of handicapped individuals in regular classrooms.
- 9-10. No implementation plan.

Implementation Plan: (Continued)

11. A separate identify simply as "handicapped" should be added to each complaint form of state and federal agencies that enforce legislative provisions for handicapped individuals. For example, the Governor's Human Relations Commission enforce non-discrimination of handicapped individuals regarding employment and housing opportunities.

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ISSUE REPORTING FORM

I. CONCERN AREA: EDUCATION TOPIC: POST SCHOOL

ISSUE CODE NO. EDC III-1 PREPARED BY: Dr. Earl Young

State the issue below. (One issue per page)

What legislation or other resources are needed to provide educational services to handicapped individuals of a post school age?

II. PROPOSED SOLUTION(S)

A. Instructions:

1. Indicate primary level of effect by placing (F) federal, (S) state, (L) local, (P) private, before stating solution.
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4. Use additional blank sheets as required. Number each additional page and attach.

B. Results:

1. (F) (S) Provide comprehensive transportation and mobility training services for post school age handicapped adults.

Implementation Plan:

Initiate Federal legislation which would provide for funds to supply vehicles and drivers, driver training, network of mobility training centers across the country.

2. (F) (S) Provide assurance that state and federal rehabilitation agencies fund handicapped students in training programs on a full-time basis.

Implementation Plan:

Work through Rehabilitation Services Administration to resolve issue.

Results (Continued):

3. (F) (S) Assure that existing federal and state legislation for handicapped be mandated and implemented.

Implementation Plan:

Develop a monitoring system whereby masters will "police" the mandates and cut off funding in cases where legislation is not carried out.

4. Mandate the expansion of the National Center for the Law and the Handicapped.

Implementation Plan:

Provide this mandate through Federal legislation.

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ISSUE REPORTING FORM

I. CONCERN AREA: EDUCATION TOPIC: POST SCHOOL

ISSUE CODE NO. EDC III-4 PREPARED BY: Dr. Earl Young

State the issue below. (One issue per page)

How can we provide through education, the post secondary handicapped adult with job-related and self-help skills necessary to alleviate chronic problems of under-employment and unemployment?

II. PROPOSED SOLUTION(S)

A. Instructions:

1. Indicate primary level of effect by placing (F) federal, (S) state, (L) local, (P) private, before stating solution.
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B. Results:

(S) (L)

1. Provide intensive and extensive counseling to both pre and post school handicapped persons.

Implementation Plan:

Institute special counselor training programs on university level for professionals in rehabilitation, special education, social work, and psychology departments.

2. (S) (L) Provide college and University training to post school handicapped who have the potential for such training.

Implementation Plan:

Work through Rehabilitation Services Administration.

3. (S) (L) Avoid placing wheelchair and orthopedically handicapped post school students in training programs located in geographical areas where heavy and severe winter weather conditions prevent their mobility.

Implementation Plan:

Develop strict guidelines for the state rehabilitation agencies relating to this problem.

Continued:

- (S) (L)
4. College and University programs serving the handicapped adult must be shared and exchanged where possible.

Implementation Plan:

Encourage colleges and universities to develop cooperative programs.

5. The post school handicapped should be made clearly aware of their equal and civil rights.

Implementation Plans:

Mandate provision in the secondary school programs for the handicaps of a course entitled "Civil Rights for the Handicapped" .

6. (S) (L) Provide assurance that career training programs for Post School handicapped prepare people with skills that are marketable.

Implementation Plan:

Work closely with the Labor Department.

7. (S) (L) Provide programs for the post school handicapped which emphasize the development of autonomy and independence.

Implementation Plan:

- (F) Develop through Federal funding courses in living skills to be offered by school districts, colleges and universities and social agencies.

8. Make extensive use of public vocational technical schools and community colleges.

Implementation Plan:

- (F) Mandate the use of Federal Funds (special needs-vocational education funds) for these purposes.

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ISSUE REPORTING FORM

I. CONCERN AREA: EDUCATION TOPIC: POST SCHOOL

ISSUE CODE NO. EDC III-5 PREPARED BY: Dr. Earl Young

State the issue below. (One issue per page)

How can we provide the ongoing educational experience necessary to assist the adult handicapped individual to achieve self-fulfillment and maximum personal attainment throughout their lives?

II. PROPOSED SOLUTION(S)

A. Instructions:

1. Indicate primary level of effect by placing (F) federal, (S) state, (L) local, (P) private, before stating solution.
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3. Implementation Statement: State the proposed matter for implementing each of the proposed solutions after the solution statement.
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B. Results:

1. (F)(S)The Department of Education should support with Federal funds, a continuing education program for work study under an intern-type (O.J.T.) model.

Implementation Plan:

Work closely with the State Department of Education.

2. (F) (S) Assure that employers work closely with the training agency.

Implementation Plan:

Organize employer-advisory teams or boards made up of local business and industry personnel.

3. (F) (S) Provide a greater employment opportunity for Federal and state jobs.

Implementation Plan:

Publicize opportunities for the handicapped in federal and state civil service jobs, and provide special incentives for government agencies who cooperate.

(Continued)

4. (F) (S) (L) (P) Organize classes on "Understanding the Characteristics of the Handicapped Adult" for Vocational-Technical School instructors, and for employers of the handicapped.

Implementation Plan:

These classes should be offered by the local colleges and universities. Teacher certification in Vocational Education should be granted only if such courses have been successfully completed in the training institution (college or university).

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ISSUE REPORTING FORM

I. CONCERN AREA: EDUCATION TOPIC: POST SCHOOL

ISSUE CODE NO. EDC III-6 PREPARED BY: Dr. Earl Young

State the issue below. (One issue per page)

How can research answer the needs of the post school aged handicapped adult and how can these research results be made available to those educators who will need them?

II. PROPOSED SOLUTION(S)

A. Instructions:

1. Indicate primary level of effect by placing (F) federal, (S) state, (L) local, (P) private, before stating solution.
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3. Implementation Statement: State the proposed matter for implementing each of the proposed solutions after the solution statement.
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B. Results:

1. (F) (S) Research needs to be interpreted more effectively and understandably to the handicapped consumer and to the general population.

Implementation Plan:

Professional journals could provide specially prepared copies of research findings which would be more easily understood by lay people.

2. Research and training programs should be instituted which address themselves to educating parents of post school handicapped in ways by which their adult off-spring can be helped to become more independent and autonomous.

(F) (S) Implementation Plan:

Colleges and universities with federal or state grants, could readily develop workshops with parents in local communities, accompanied by research components.

(Continued)

3. (F) (S) Industry should be encouraged by way of tax credits to engage in research relating to the training and employment of handicapped post school adults.

Implementation Plan:

The model for this would be the neighborhood assistance program carried on currently in the Commonwealth of Pennsylvania.

4. (F) (S) Better use of already existing research findings needs to be accomplished.

Implementation Plan:

Encourage the dissemination of current readings and organize study groups consisting of parents, the handicapped and professionals for the sharing of already existing research findings.

5. (F) (S) Assure that appropriate research findings are disseminated by way of popular national media such as T.V., etc.

Implementation Plan:

Work closely with national and local media personnel.

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ISSUE REPORTING FORM

CONCERN AREA: SPECIAL TOPIC: PROBLEMS OF THE SEVERE MULTIPLE HANDICAPPED

ISSUE CODE NO. SPC I-4 PREPARED BY: Carl F. Odhner

State the issue below. (One issue per page)

What programs can be established to enable the severely handicapped to improve their ability to live independently or within their families and communities?

PROPOSED SOLUTION(S)

Instructions:

1. Indicate primary level of effect by placing (F) federal, (S) state, (L) local, (P) private, before stating solution.
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Results:

(F) (S) (L) Regional Research and Development Centers for the Severely and Multiple Handicapped should be established within selected comprehensive rehabilitation facilities providing medical, psycho-social, vocational, and independent living services for the purpose of developing newer methods of enabling severely handicapped persons to live independently.

Implementation Plan:

Enabling legislation to provide research and development grants for the establishment and operation of these Centers.

(Submitted by Carl F. and Rowena T. Odhner, Co-Directors of the Pennsylvania Governor's Conference on Handicapped Individuals)

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ISSUE REPORTING FORM

I. CONCERN AREA: SPECIAL TOPIC: PROBLEMS OF THE SEVERE OR MULTIPLE HANDICAPPED

ISSUE CODE NO. SPC I-7 PREPARED BY: Carl F. Odhner

State the issue below. (One issue per page)

How can the severely handicapped develop an effective lobbying constituency?

II. PROPOSED SOLUTION(S)

A. Instructions:

1. Indicate primary level of effect by placing (F) federal, (S) state, (L) local, (P) private, before stating solution.
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4. Use additional blank sheets as required. Number each additional page and attach.

B. Results:

(F) (S) (L) The severely handicapped can best develop an effective lobbying constituency by forming a coalition with other handicapped populations, and each supporting the needs and objectives of the other. Factional lobbying groups tend to weaken, not strengthen, the influence of the handicapped. "Severe" and "multiple" handicaps are, in reality, a manner of degree rather than a generic disability. The conditions that result in severe handicaps for one, might not be so severe for another. Handicapped persons must learn to be sensitive to the needs of one another.

Implementation Plan:

- (a) Form a coalition of all handicapped persons.
- (b) Continue to hold conferences such as this one.

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ISSUE REPORTING FORM

CONCERN AREA: SPECIAL TOPIC: PROBLEMS OF THE SEVERE OR MULTIPLE HANDICAPPED

ISSUE CODE NO. SPC I-8 PREPARED BY: Carl F. Odhner

State the issue below. (One issue per page)

What changes should occur in the Social Security Disability Insurance and Supplemental Security Income laws to exempt earnings to a point which would serve as an incentive to the severely handicapped to undergo rehabilitation and to work?

PROPOSED SOLUTION(S)

Instructions:

1. Indicate primary level of effect by placing (F) federal, (S) state, (L) local, (P) private, before stating solution.
2. Solution(s) Statement: State the proposed solution(s) succinctly but fully in the space provided below. If more than one solution is included number each consecutively.
3. Implementation Statement: State the proposed matter for implementing each of the proposed solutions after the solution statement.
4. Use additional blank sheets as required. Number each additional page and attach.

Results:

1. (F) Severely handicapped individuals should be given special consideration for movement in and out of the labor market so that there is no delay in reinstating benefits.
2. (F) Social Security Administration eligibility criteria should be uniformly interpreted in all regions.
3. (F) SSI and SSDI regulations relevant to the severely disabled should be evaluated by program administrators and consumers with the objective being to revise regulations to make them more meaningful, practical and uniform.

Implementation Plan:

There should be a conference of Social Rehabilitation Services, Rehab Services, Administration and consumers to work for refinement and changes.

4. (F) Handicapped individuals and the parents/guardians of handicapped dependents incur expenses in the costs of living that are greater than other persons. It is recommended that an extra tax exemption, such as that provided to the blind, should be extended to all persons, and the parents/guardians of such dependent persons certified as having a disability which impedes them in one performance of one or more normal life functions.

Commonwealth of Pennsylvania
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ISSUE REPORTING FORM

I. CONCERN AREA: SPECIAL TOPIC: COMMUNITY/RESIDENTIAL BASED HOUSING

ISSUE CODE NO. SPC II-1 PREPARED BY: Carl F. Odhner

State the issue below. (One issue per page)

How do we discover current needs and preferences and project future needs in the housing market for handicapped people?

II. PROPOSED SOLUTION(S)

A. Instructions:

1. Indicate primary level of effect by placing (F) federal, (S) state, (L) local, (P) private, before stating solution.
2. Solution(s) Statement: State the proposed solution(s) succinctly but fully in the space provided below. If more than one solution is included number each consecutively.
3. Implementation Statement: State the proposed matter for implementing each of the proposed solutions after the solution statement.
4. Use additional blank sheets as required. Number each additional page and attach.

B. Results:

(F) Current needs and preferences and a means for projecting future needs in the housing market for handicapped persons could be identified through the use of surveys conducted at the local, state, and national levels.

Implementation Plan:

- (a) Current Needs and Preferences: The Federal Government (HUD) working with state and area planning bodies or commissions should conduct surveys in cooperation with public and private service agencies for the handicapped, consumer organizations, local housing authorities, real estate boards, etc. to determine current needs and housing preferences of the handicapped.
- (b) Projection of Future Needs: Future needs should be determined first by conducting a school census within each district to find out who and where young handicapped individuals are, and second, by including items relevant to the handicapped in the 1980 Federal Census.

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ISSUE REPORTING FORM

I. CONCERN AREA: SPECIAL TOPIC: COMMUNITY/RESIDENTIAL BASED HOUSING

ISSUE CODE NO. SPC II-3 PREPARED BY: Carl F. Odhner

State the issue below. (One issue per page)

What should be the role and function of government (federal, state, and local levels) in provision of community living programs?

II. PROPOSED SOLUTION(S)

A. Instructions:

1. Indicate primary level of effect by placing (F) federal, (S) state, (L) local, (P) private, before stating solution.
2. Solution(s) Statement: State the proposed solution(s) succinctly but fully in the space provided below. If more than one solution is included number each consecutively.
3. Implementation Statement: State the proposed matter for implementing each of the proposed solutions after the solution statement.
4. Use additional blank sheets as required. Number each additional page and attach.

B. Results:

(F) (S) The role of government is to provide legislation and funding, not services. The services should be provided by private, non-profit agencies. The monitoring of services and programs should be done by a cooperative effort by government, advocate and consumer organizations, and non-profit agencies. Through appropriate legislation and adequate funding, the following services should be provided for the provision of community living programs for the handicapped:

1. (F) There should be Federal mortgage subsidies for handicapped individuals to purchase homes suitable to their needs, or for non-profit organizations seeking to establish community based housing units for the handicapped.

Implementation Plan: Passage of a Housing Bill for the Handicapped with HUD serving as the administrative agency.

2. (F) (S) (L) (P) Provide specialized housing units for severely physically handicapped which would permit them to live in the community, rather than in nursing homes and similar institutions.

Implementation Plan:

Under provisions of the Housing Bill for the Handicapped recommended above with local implementation by housing authorities and non-profit or profit-

Implementation Plan (Continued):

making agencies. The handicapped should be intimately involved with the design of such facilities.

3. (F) Scattered housing for the handicapped should be provided by the purchase and remodeling of existing homes.

Implementation Plan: Federal funding to non-profit agencies.

4. (F) (S) Landlords should be provided with dollar incentives to encourage them to renovate apartments for handicapped persons.

Implementation Plan: Revise Federal and State Tax laws.

5. (F) (L) Local ordinances should be passed preventing the zoning out of group homes and requiring landlords to provide better living facilities for the mentally and physically handicapped.
6. (F) (L) Local building codes should be revised to require all facilities be constructed to meet the needs of accessibility by the handicapped. These codes should also cover all industrial and commercial buildings. They should be strictly enforced.
7. (F) (S) A Bureau of Independent Living should be established within an appropriate department of state government to develop and coordinate suitable housing for the handicapped within the community setting.

Implementation Plan:

Passage of enabling legislation with adequate funding. The proposed unit should assure the equalization of housing facilities for the many different types of handicapped people according to their needs.

8. (F) (S) Conferences on Handicapped Individuals at both the Federal and State levels should be conducted on an annual or semi-annual basis, and what is recommended by these conferences should be published in order to re-evaluate on a scheduled basis what has been accomplished.

Implementation Plan: Passage of appropriate enabling legislation.

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ISSUE REPORTING FORM

I. CONCERN AREA: SPECIAL TOPIC: COMMUNITY/RESIDENTIAL BASED HOUSING

ISSUE CODE NO. SPC II-5 PREPARED BY: Carl F. Odhner

State the issue below. (One issue per page)

What support services need to be incorporated in housing assistance plans to accommodate all varying disabilities?

II. PROPOSED SOLUTION(S)

A. Instructions:

1. Indicate primary level of effect by placing (F) federal, (S) state, (L) local, (P) private, before stating solution.
2. Solution(s) Statement: State the proposed solution(s) succinctly but fully in the space provided below. If more than one solution is included number each consecutively.
3. Implementation Statement: State the proposed matter for implementing each of the proposed solutions after the solution statement.
4. Use additional blank sheets as required. Number each additional page and attach.

B. Results:

1. (F) (S) (L) Personal attendant services should be provided for the severely disabled in order to permit them to live independently in the community.

Implementation Plan:

Legislation and funding should be provided to permit the development of an attendant service for the severely disabled. Could possibly be administered by local visiting nurses agency.

2. (F)(L) Meals on Wheels programs should be expanded to include severely disabled.
3. (F) (S) (L) Funds for supporting transportation services should be built into CLA Programs.

Implementation Plan: Federal/State legislation and funding. Funding for capitol equipment should be provided under UMTA program.

4. (L) Recreational programs should be provided for handicapped living in the community.

Implementation Plan:

Local YM-YWCA and similar agencies should expand their services to provide meaningful recreational programs for the handicapped.

5. Housing facilities for the handicapped should have ample provision storage space for meeting needs of handicapped persons not able to visit markets and stores frequently.
6. (F) (S) Current Federal and State programs related to housing and community development such as HUD, Community Development Funds, housing for the elderly should be revised to provide supportive services and housing for the handicapped.

Implementation Plan:

Enabling Federal and State legislation, possibly through an omnibus Housing for the Handicapped Bill.

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ISSUE REPORTING FORM

I. CONCERN AREA: SPECIAL TOPIC: COMMUNITY/RESIDENTIAL BASED HOUSING

ISSUE CODE NO. SPC II-6 PREPARED BY: Carl F. Odhner

State the issue below. (One issue per page)

Under what circumstances should handicapped individuals be segregated and/or integrated in public and/or private housing?

II. PROPOSED SOLUTION(S)

A. Instructions:

1. Indicate primary level of effect by placing (F) federal, (S) state, (L) local (P) private, before stating solution.
2. Solution(s) Statement: State the proposed solution(s) succinctly but fully in the space provided below. If more than one solution is included number each consecutively.
3. Implementation Statement: State the proposed matter for implementing each of the proposed solutions after the solution statement.
4. Use additional blank sheets as required. Number each additional page and attach.

B. Results:

(F) Only under the most severe and unusual circumstances should handicapped individuals be segregated. All community living arrangements should be on the basis of the least restrictive alternative, and if by segregation, then by choice. Under certain situations, such as housing for the severely disabled when personal attendant care and other specialized supportive services are needed restrictive or selective housing might be recommended. As with all other persons the handicapped should have maximum option to live where and with whom they choose. Economics and special needs may require for some that they select a group living arrangement, but even this would provide more choice than is now available such as the necessity for young handicapped persons to be institutionalized in geriatric facilities, state institutions, etc.

Implementation Plan:

To prevent forced segregation there should be a) greater enforcement of State and Federal accessibility legislation, b) the use of penalty clauses when standards such as those promulgated by the National Rehabilitation Association Social and Rehabilitation Services of HEW, are not adhered to.

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ISSUE REPORTING FORM

I. CONCERN AREA: SPECIAL TOPIC: COMMUNITY/RESIDENTIAL BASED HOUSING

ISSUE CODE NO. SPC II-7 PREPARED BY: Carl F. Odhner

State the issue below. (One issue per page)

What are the needed standards and design concepts for various kinds of housing facilities for the disabled?

II. PROPOSED SOLUTION(S)

A. Instructions:

1. Indicate primary level of effect by placing (F) federal, (S) state, (L) local, (P) private, before stating solution.
2. Solution(s) Statement: State the proposed solution(s) succinctly but fully in the space provided below. If more than one solution is included number each consecutively.
3. Implementation Statement: State the proposed matter for implementing each of the proposed solutions after the solution statement.
4. Use additional blank sheets as required. Number each additional page and attach.

B. Results:

1. (F) (S) (L) All apartment buildings should have at least one ground level entrance. Apartment buildings with more than five units should have passenger elevators. Doors in all apartments should be at least 30" wide. Bathrooms should be designed with direct forward access to the toilet. Kitchen units should be designed for easy conversion for use by disabled, i. e., pegboard mounted cabinets, removable cabinet doors below sink, adjustable heights to stoves. Electrical outlets should be at least 28" from the floor. Thermostats should be eye level from seated position. Grab bars in bathrooms should be standardized equipment, removable at option of tenant.
2. (F) (S) (L) Ranch: All doors at least 30" wide. Bathrooms-direct access to toilet. Kitchen: Adjustable shelving. Duplex: Door widths, bathroom and kitchen standards as recommended above. Heavy duty wiring. Direct level-to-level stairway to permit installation of stair lift.
3. (F) (S) (L) Mobile Homes: Main entrance door at least 36" wide. Main hall at least 5 feet. Bathroom and kitchen as recommended above. Emergency doors in each bedroom should be hinged from floor to create emergency escape ramp.

(Continued)

Implementation Plan:

HUD, RSA, should provide design research and demonstration grants to school of design, architecture and engineering to stimulate low cost design production of standardized fixtures and facilities as recommended. Consumer organizations should be paid consultant fees to advise on such research/demonstration programs.

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ISSUE REPORTING FORM

I. CONCERN AREA: SPECIAL TOPIC: COMMUNITY/RESIDENTIAL BASED HOUSING

ISSUE CODE NO. SPC II-9 PREPARED BY: Carl F. Odhner

State the issue below. (One issue per page)

How can currently available housing be made more suitable for housing handicapped persons?

II. PROPOSED SOLUTION(S)

A. Instructions:

1. Indicate primary level of effect by placing (F) federal, (S) state, (L) local, (P) private, before stating solution.
2. Solution(s) Statement: State the proposed solution(s) succinctly but fully in the space provided below. If more than one solution is included number each consecutively.
3. Implementation Statement: State the proposed matter for implementing each of the proposed solutions after the solution statement.
4. Use additional blank sheets as required. Number each additional page and attach.

B. Results:

1. (F) (S) In cases where remodeling is required grants should be made available to rehabilitation agencies, local housing authorities, and consumer groups to underwrite the remodeling costs for homes to be used by handicapped persons.

Implementation Plan: Should be one of provisions of Housing Bill for Handicapped previously recommended.

2. (F) (S) Tax Incentives should be given to landlords and property owners to encourage them to make their buildings suitable to the handicapped.

Implementation Plan: Revisions in Federal, State, Local tax laws.

3. (L) Communities should establish a central registry of housing suitable and available to the handicapped. Real estate agencies, landlords, etc. would be encouraged to register such housing with the registry.

Implementation Plan:

The registries could be developed and operated by a local rehabilitation agency or consumers organization.

(continued)

4. (F) (P) Handicapped free lance writers should submit more articles on housing needs, recommended standards, etc. re the handicapped to building trades, real estate, and similar journals as well as the general press. HUD should take the lead in creating greater awareness among housing authorities.

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ISSUE REPORTING FORM

I. CONCERN AREA: SPECIAL TOPIC: SERVICE DELIVERY SYSTEMS

ISSUE CODE NO. SPC III-1 PREPARED BY: Carl F. Odhner

State the issue below. (One issue per page)

How can we assure quality services to handicapped individuals at the local level?

II. PROPOSED SOLUTION(S)

A. Instructions:

1. Indicate primary level of effect by placing (F) federal, (S) state, (L) local, (P) private, before stating solution.
2. Solution(s) Statement: State the proposed solution(s) succinctly but fully in the space provided below. If more than one solution is included number each consecutively.
3. Implementation Statement: State the proposed matter for implementing each of the proposed solutions after the solution statement.
4. Use additional blank sheets as required. Number each additional page and attach.

B. Results:

1. (S) (L) Frequently handicapped persons do not know what services and programs are available to them at the local level. To correct this it is recommended that the human service agencies and mass media develop a system for improved distribution of information.

Implementation Plan:

1. There should be regular newspaper columns and radio/TV programs to provide information and update on local services to the handicapped. TV programs should include an interpreter for the deaf.
2. (F) (S) (L) Handicapped consumers, including the parents of handicapped children should be members of all human service planning boards and commissions related to services to the handicapped. All such bodies should provide a certified interpreter to the deaf at their meetings.
3. (S) (L) The Base Service Unit concept under the MH/MR Act and regulations needs to be revised. The BSU's should be case management units, not direct service agencies which frequently duplicate unnecessarily the services of the provider agencies.

Implementation Plan: (Continued)

Passage of a new MR Act in Pennsylvania including provision that BSU's not be providers of service in areas where there are well established provider agencies.

4. (S) The provision of vocational rehabilitation services by the Office for the Visually Handicapped unnecessarily duplicates the services of the Bureau of Vocational Rehabilitation. BVR currently employs relatively few handicapped persons at all levels including administrative positions. It is recommended that there be a complete reorganization of vocational rehabilitation services in Pennsylvania to include vocational rehabilitation services to the blind under the auspices of BVR, and to include more handicapped employees within all levels of the Bureau.

Implementation Plan: Passage of enabling legislation.

MINORITY REPORT:

It is held that the vocational rehabilitation needs of the visually handicapped are unique and require the service of personnel specially trained to meet these needs. Vocational Rehabilitation services provided by the Office for the Visually Handicapped include a variety of other related and essential services to the blind that would not be immediately available by BVR. By implementing the recommendation re the blind given above services by BVR it is held that such services would be of less quality than currently available thru the Office of Visually Handicapped. Such a reorganization would not necessarily improve BVR's services to other handicapped populations.

5. (S) The Office of Mental Retardation within the Pennsylvania Department of Welfare should be broadened to become the Office of Developmental Disabilities. This would provide a means of services to many severely disabled persons not now eligible for services.

Implementation Plan: Passage of enabling legislation.

6. (F) (S) Create an ombudsman office to serve as an advocate for human services at both Federal and State levels. This office would serve to receive and act upon consumer complaints within the human services fields.

Implementation Plan: Passage of enabling legislation.

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ISSUE REPORTING FORM

I. CONCERN AREA: SPECIAL TOPIC: SERVICE DELIVERY SYSTEMS

ISSUE CODE NO. SPC III-5 PREPARED BY: Carl F. Odhner

State the issue below. (One issue per page)

What role should advocacy organizations play in service delivery?

II. PROPOSED SOLUTION(S)

A. Instructions:

1. Indicate primary level of effect by placing (F) federal, (S) state, (L) local, (P) private, before stating solution.
2. Solution(s) Statement: State the proposed solution(s) succinctly but fully in the space provided below. If more than one solution is included number each consecutively.
3. Implementation Statement: State the proposed matter for implementing each of the proposed solutions after the solution statement.
4. Use additional blank sheets as required. Number each additional page and attach.

B. Results:

(F) (S) (L) Advocacy organizations should advocate for efficient service delivery systems, systems which fulfill legally established mandates or objectives and are effective in delivering those services which meet the needs of those they are directed to serve. Advocate organizations should not, indeed cannot, become service delivery agencies themselves as this would compromise their roles of monitors. As advocate organizations, therefore they should: a) assure that needed services are effectively provided; b) assure that provider agencies are responsive to the needs of their clientele, both individually and collectively; c) promote responsible cost/benefit ratios; d) advocate and promote the establishment of needed services within the community, and conversely advocate for elimination of unnecessary and obsolete programs and for the prevention of unnecessary duplication of services.

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ISSUE REPORTING FORM

I. CONCERN AREA: SPECIAL TOPIC: SERVICE DELIVERY SYSTEMS

ISSUE CODE NO. SPC III-7 PREPARED BY: Carl F. Odhner

State the issue below. (One issue per page)

How can we get consumers involved in Federal, State, and Local goal setting, implementation and evaluation?

II. PROPOSED SOLUTION(S)

A. Instructions:

1. Indicate primary level of effect by placing (F) federal, (S) state, (L) local, (P) private, before stating solution.
2. Solution(s) Statement: State the proposed solution(s) succinctly but fully in the space provided below. If more than one solution is included number each consecutively.
3. Implementation Statement: State the proposed matter for implementing each of the proposed solutions after the solution statement.
4. Use additional blank sheets as required. Number each additional page and attach.

B. Results:

1. (F) (S) Government grants should be provided to conduct community awareness campaigns to stimulate greater consumer participation in the processes of community planning, program implementation, and evaluation. Included in such campaigns should be funds for utilization of special communication aides for the visually handicapped and hearing impaired.

Implementation Plan: Passage of enabling legislation.

2. (F) (S) Grants should not be approved unless it is clearly documented and demonstrated that those consumers who will be effected by the grant project have been involved in and have approved the project's objectives.

Implementation Plan: Revisions in grant review processes.

3. (L) There should be periodic local forums in which handicapped consumers meet with public officials, planning commissions, service provider agency directors, etc. to establish priorities in service delivery and to identify unmet needs.

Implementation Plan:

Delegates from the various regions throughout the Commonwealth should establish an on-going organization with a primary objective being the conduct of an annual forum.

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ISSUE REPORTING FORM

I. CONCERN AREA: SPECIAL TOPIC: SERVICE DELIVERY SYSTEMS

ISSUE CODE NO. SPC III-10 PREPARED BY: Carl F. Odhner

State the issue below. (One issue per page)

How can existing Federal Programs be consolidated or modified, so as to use savings in tax monies previously required for the development of human resources on a more effective basis?

I. PROPOSED SOLUTION(S)

A. Instructions:

1. Indicate primary level of effect by placing (F) federal, (S) state, (L) local, (P) private, before stating solution.
2. Solution(s) Statement: State the proposed solution(s) succinctly but fully in the space provided below. If more than one solution is included number each consecutively.
3. Implementation Statement: State the proposed matter for implementing each of the proposed solutions after the solution statement.
4. Use additional blank sheets as required. Number each additional page and attach.

B. Results:

1. (F) (S) A mechanism should be established to facilitate funding streams for the same services to be aggregated at a single point.

Implementation Plan: Passage of enabling legislation, revision of categorical program funding regulations.

2. Allow Federal/State funds to flow with the person whether in institution or community.

Implementation Plan: Passage of enabling legislation. Revisions of categorical program funding regulations.

3. (F) (S) (L) (P) Services to the handicapped in the United States are characterized by their lack of an efficient delivery system. Federal, State, Local and Private programs have developed in response to perceived needs, in isolation, and without long range objectives. Upon completion of the State and Territorial Conferences on Handicapped Individuals and the White House Conference this nation will have identified needs and proposed solutions for meeting those needs of mentally and physically handicapped persons to an extent never before realized. But without the superstructure of a national policy for the handicapped, the danger exists that it will not be possible

3. (F) (S) (L) (P) Continued

to marshall the resources for an effective implementation of the recommendations and proposed solutions to be generated by the White House Conference. It is recommended therefore that the President of the United States appoint a Study Commission for the Establishment of a National Policy for Services to the Handicapped. This Commission would be charged with developing recommendations for a national policy through which the recommendations of the White House Conference would be implemented, and through which future planning to meet the needs of the handicapped would be conducted.

Implementation Plan:

It is proposed that the National Planning Council for the White House Conference on Handicapped Individuals present the concept embodied in this proposal to the President prior to the White House Conference.

(The above proposal is submitted by Carl F. and Rowena T. Odhner, Co-Directors of the Pennsylvania Governor's Conference on Handicapped Individuals.)

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ISSUE REPORTING FORM

CONCERN AREA: SPECIAL TOPIC: CIVIL RIGHTS OF THE HANDICAPPED

ISSUE CODE NO. SPC IV-1 PREPARED BY: Carl F. Odhner

State the issue below. (One issue per page)

How can federal, state, local anti-discrimination laws and affirmative action be most effectively enforced?

PROPOSED SOLUTION(S)

Instructions:

1. Indicate primary level of effect by placing (F) federal, (S) state, (L) local, (P) private, before stating solution.
2. Solution(s) Statement: State the proposed solution(s) succinctly but fully in the space provided below. If more than one solution is included number each consecutively.
3. Implementation Statement: State the proposed matter for implementing each of the proposed solutions after the solution statement.
4. Use additional blank sheets as required. Number each additional page and attach.

Results:

1. (F) There should be an amendment made to Title VII, a section of the Civil Rights Act to include physical and mental disabilities.

Implementation Plan: Necessary legislative action.

2. (F) (S) Magistrates should be held to Section 42-1983 of the Civil Rights Act. There should be some type of fine or penalty for magistrates denying these rights.

Implementation Plan: Necessary legislative action.

3. (F) The enforcement of those sections of the Rehabilitation Action of 1973 concerned with the protection and guarantee of the civil rights of the handicapped should be condensed into one agency.

Implementation Plan:

This should be done by Executive Order of the President of the United States.

4. (F) The jurisdiction of the United States Commission on Civil Rights should be extended to include the rights of the handicapped, and handicapped individuals should serve on the Commission.

Solutions and Implementation Plans continued:

Implementation Plan:

Consumer and advocacy organizations should not only work together to bring about enabling legislation, but should be prepared to act as ombudsmen in filing grievances with the commission on behalf of the handicapped.

5. (F) There should be penalties imposed for all violations of the civil rights of handicapped persons.

Implementation Plan:

There should be improved monitoring by the agencies responsible for the enforcement of the Rehabilitation Act of 1973. Within 15 days of receipt of the complaint the responsible agency should be required, by law, to acknowledge such receipt, and within 90 days to determine the validity of the complaint, and be prepared to take such action as shall redress the grievance. Consumer organizations, advocate groups, and handicapped individuals should be prepared to file complaints, and should do so more often. Such legislation and/or revisions of regulations as needed should be enacted to permit the above. Funds should be provided to enable persons to utilize the courts for protection of their civil rights.

6. (F) (S) Non-job-related words used in legislation, such as the 1974 amendments to the Pennsylvania Human Relations Act should be deleted. Under Title VII of the Civil Rights Act and related state legislation, such as the Pennsylvania Human Relations Act, the complainant must prove discriminatory intent but the defendant must only prove it was not job related. Therefore the disabled complainant has a double burden..

Implementation Plan:

Appropriate amending legislation. There should also be better coordination between Federal, State and local enforcement agencies.

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ISSUE REPORTING FORM

I. CONCERN AREA: SPECIAL TOPIC: CIVIL RIGHTS OF THE HANDICAPPED

ISSUE CODE NO. SPC IV-2 PREPARED BY: Carl F. Odhner

State the issue below. (One issue per page)

What role can handicapped people play in legal advocacy?

II. PROPOSED SOLUTION(S)

A. Instructions:

1. Indicate primary level of effect by placing (F) federal, (S) state, (L) local, (P) private, before stating solution.
2. Solution(s) Statement: State the proposed solution(s) succinctly but fully in the space provided below. If more than one solution is included number each consecutively.
3. Implementation Statement: State the proposed matter for implementing each of the proposed solutions after the solution statement.
4. Use additional blank sheets as required. Number each additional page and attach.

. Results:

1. (F) (S) (L) The handicapped should play an assertive role in legal advocacy. They must know and understand their legal and civil rights under the law and should themselves as individuals, organizations, and coalitions of organizations promote and forward actions to achieve those ends. Among such actions, the following are recommended:
 - (A) They should encourage attorneys to be responsible to the rights of handicapped persons by having law schools and allied higher education programs provide mandatory training about handicapped persons and their rights. Request Bar Associations to include questions about the legal rights of handicapped persons in examinations and set up grievance committees to seek redress against lawyers who have not been responsive to these rights. Request public schools, rehabilitation agencies and centers, consumer organizations, advocacy organizations, etc. conduct courses on the legal and civil rights of the handicapped. Be militant in obtaining and protection those rights.

Solutions continued:

- (B) They should seek the establishment of legal centers and legal services by seeking passage of Federal legislation to provide funding of such centers. Underwrite legal fees of economically needy handicapped persons or organizations taking legal actions for their rights. Have volunteers get lawyers and other persons to serve as advocates.
- (C) There must be increased awareness and mutual support, financial and otherwise, between and among the varying organizations of the handicapped and more opportunities for communication such as this conference.

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ISSUE REPORTING FORM

CONCERN AREA: SPECIAL TOPIC: CIVIL RIGHTS OF THE HANDICAPPED

ISSUE CODE NO. SPC IV-3 PREPARED BY: Carl F. Odhner

State the issue below. (One issue per page)

How can we enforce the right to an equal education opportunity for handicapped citizens?

PROPOSED SOLUTION(S)

Instructions:

1. Indicate primary level of effect by placing (F) federal, (S) state, (L) local, (P) private, before stating solution.
2. Solution(s) Statement: State the proposed solution(s) succinctly but fully in the space provided below. If more than one solution is included number each consecutively.
3. Implementation Statement: State the proposed matter for implementing each of the proposed solutions after the solution statement.
4. Use additional blank sheets as required. Number each additional page and attach.

Results:

1. (S) Public Law 942 requires appropriate programs for the education of each handicapped student; we must assure that local schools are meeting these requirements.

Implementation Plan:

Parent, advocate, and consumer organizations should carefully monitor local education programs. Handicapped persons, and the parents of the handicapped should become elected to school boards. Agencies responsible for the enforcement of Federal and State accessibility laws should do a much better job of surveillance and enforcement, and if they don't consumer/advocate organizations should bring legal actions against both school boards and the enforcement agencies.

2. (F) (S) (L) An inadequately or improperly educated handicapped person, that should have had an academic education as well as vocational training, cannot be expected to compete successfully in the labor market. Not only is this an infringement of the rights of the student but is a waste of tax monies to which the public must be made sensitive.

Solutions/Implementation Plans continued:

Implementation Plan:

Consumer/advocate organizations working through PTA's, etc. should insist that public service messages sponsored by State and Federal governments be aired on the media to demonstrate the social and economic waste by not providing handicapped students with appropriate and adequate educational opportunities.

3. (F) Funds should be provided to increase the skills of special education teachers, provide them with salary incentives and develop newer methods of education for the handicapped.

Implementation Plan:

SEE EDUCATIONAL CONCERNS FOR ADDITIONAL RECOMMENDATIONS.

Commonwealth of Pennsylvania
GOVERNOR'S CONFERENCE ON HANDICAPPED INDIVIDUALS
500 State Street Bldg. N.W. Corner of Third & State Streets
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ISSUE REPORTING FORM

I. CONCERN AREA: SPECIAL TOPIC: CIVIL RIGHTS OF THE HANDICAPPED

ISSUE CODE NO. SPC IV-5 PREPARED BY: Carl F. Odhner

State the issue below. (One issue per page)

What are the ways to accommodate the needs of institutionalized persons for occupations in light of the court ruling that these persons cannot work unless paid?

I. PROPOSED SOLUTION(S)

A. Instructions:

1. Indicate primary level of effect by placing (F) federal, (S) state, (L) local, (P) private, before stating solution.
2. Solution(s) Statement: State the proposed solution(s) succinctly but fully in the space provided below. If more than one solution is included number each consecutively.
3. Implementation Statement: State the proposed matter for implementing each of the proposed solutions after the solution statement.
4. Use additional blank sheets as required. Number each additional page and attach.

B. Results:

1. (F) (S) Provide real vocational training and on-the-job-training to institutionalized persons.

Implementation Plan:

Provide Federal Grants from Vocational Education, Vocational Rehabilitation and/or Comprehensive Training and Employment Act Programs to enable colleges and vocational-technical schools to provide short term job training programs to institutionalized persons.

2. (F) (S) Allow patients to volunteer their services for certain jobs in the institutions.

Solutions continued:

3. (F) (S) Turn the inspection procedures of the myriad of Federal and State agencies which now inflict themselves on most institutions over to the residents of the institutions. One look at the contradictions, blatant stupidity, and callous disregard for human dignity perpetrated on the residents in the name of preserving their safety by those who created them would be more therapeutic than all the psychiatrists and behavior modification therapists in the world. We could close down these "hospitals" and "schools" and use the savings to fund the community based programs that now are expected to do the job that needs to be done on promises and excuses from the same Federal and State Governments and powerful unions which were responsible for the problems in the first place.

(The above recommendation is submitted by Carl F. Odhner, citizen, consumer, and tax payer)

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ISSUE REPORTING FORM

I. CONCERN AREA: SPECIAL TOPIC: CIVIL RIGHTS OF THE HANDICAPPED

ISSUE CODE NO. SPC IV-8 PREPARED BY: Carl F. Odhner

State the issue below. (One issue per page)

What can be done to insure that handicapped people can exercise their right to vote?

I. PROPOSED SOLUTION(S)

A. Instructions:

1. Indicate primary level of effect by placing (F) federal, (S) state, (L) local, (P) private, before stating solution.
2. Solution(s) Statement: State the proposed solution(s) succinctly but fully in the space provided below. If more than one solution is included number each consecutively.
3. Implementation Statement: State the proposed matter for implementing each of the proposed solutions after the solution statement.
4. Use additional blank sheets as required. Number each additional page and attach.

B. Results:

1. (S) There should be provided a special "Handicapped Absentee Ballot" which should be valid as long as the handicapped individual retains proper registration within the same community of residence. It should be valid up until the date on which the election is being held and should not require that the registrant pay a doctor's fee or notary public's fee.

Implementation Plan: Enabling legislation.

2. (F) (S) (L) All voting booths and machines should be accessible to the physically handicapped. Braille should be available in at least one voting booth per district. Handicapped persons should be permitted to have one person of his or her choice to accompany him or her into the voting booth to provide assistance in voting.

Implementation Plan: Enabling legislation.

3. (S) Support House Bill 1579, printer no. 3722.
4. Have handicapped persons serve on boards of elections.

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ISSUE REPORTING FORM

I. CONCERN AREA: SPECIAL TOPIC: CIVIL RIGHTS OF THE HANDICAPPED

ISSUE CODE NO. SPC IV-10 PREPARED BY: Carl F. Odhner

State the issue below. (One issue per page)

What can be done to insure that handicapped people are knowledgeable of their rights?

II. PROPOSED SOLUTION(S)

A. Instructions:

1. Indicate primary level of effect by placing (F) federal, (S) state, (L) local, (P) private, before stating solution.
2. Solution(s) Statement: State the proposed solution(s) succinctly but fully in the space provided below. If more than one solution is included number each consecutively.
3. Implementation Statement: State the proposed matter for implementing each of the proposed solutions after the solution statement.
4. Use additional blank sheets as required. Number each additional page and attach.

B. Results:

1. (F) (S) (L) Consumer and advocate organizations should be provided Federal/ State grants for the establishment of speakers bureaus, "hotline" telephone information services, and/or consumer information bulletins re their rights and services provided by public and private agencies for which they are eligible.

Implementation Plan:

Passage of legislation to provide funds. Non-profit, private consumer organizations should charge minimal subscription fees to help underwrite continuing costs.

2. (F) (S) (P) Public Service Announcements on radio, television, and teletypewriters for deaf should be aired that provide consumer information. TV PSA's should be captioned or have cameo interpreter for the deaf.

Implementation Plan:

National Advertising Council should be requested to underwrite costs.

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ISSUE REPORTING FORM

I. CONCERN AREA: SPECIAL TOPIC: CIVIL RIGHTS OF THE HANDICAPPED

ISSUE CODE NO. SPC IV-11 PREPARED BY: Carl F. Odhner

State the issue below. (One issue per page)

How can we insure the full enforcement of the present legislation and how do we close loopholes?

II. PROPOSED SOLUTION(S)

A. Instructions:

1. Indicate primary level of effect by placing (F) federal, (S) state, (L) local, (P) private, before stating solution.
2. Solution(s) Statement: State the proposed solution(s) succinctly but fully in the space provided below. If more than one solution is included number each consecutively.
3. Implementation Statement: State the proposed matter for implementing each of the proposed solutions after the solution statement.
4. Use additional blank sheets as required. Number each additional page and attach.

B. Results:

1. (F) There shall be a 27th Amendment to the Constitution of the United States of America which may read as follows:

AMENDMENT XXVII

SECTION 1. Equality of rights under the law shall not be denied or abridged by the United States or by any State on account of physical or mental disability.

SECTION 2. The Congress shall have the power to enforce, by appropriate legislation, the provisions of this article.

SECTION 3. This amendment shall take effect two years after the date of ratification.

Implementation Plan:

- (a) a two-thirds vote of both Houses of the United States Congress or application of the legislatures of two-thirds of the states and
- (b) ratification by the legislatures of three-fourths of the states.

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ISSUE REPORTING FORM

I. CONCERN AREA: SPECIAL TOPIC: UNIQUE PROBLEMS OF HANDICAPPED MINORITIES

ISSUE CODE NO. SPC V-3 PREPARED BY: Carl F. Odhner

State the issue below. (One issue per page)

How can negative attitudes of minorities and toward minorities be altered so that services to handicapped individuals of these special populations are more successful?

II. PROPOSED SOLUTION(S)

A. Instructions:

1. Indicate primary level of effect by placing (F) federal, (S) state, (L) local, (P) private, before stating solution.
2. Solution(s) Statement: State the proposed solution(s) succinctly but fully in the space provided below. If more than one solution is included number each consecutively.
3. Implementation Statement: State the proposed matter for implementing each of the proposed solutions after the solution statement.
4. Use additional blank sheets as required. Number each additional page and attach.

B. Results:

1. (F) (S) (L) (P) Persons who are members of minority groups yet professionally and technically competent should be employed by agencies providing services to the handicapped. This is particularly recommended for non-English speaking populations such as Spanish-speaking people. Non-minority members of service agencies should receive in-service training in the understanding of minority cultures and value systems. Rehabilitation agencies should establish out-reach offices in ethnic neighborhoods. Rehabilitation facilities serving minority populations should provide instruction in English, economic management (shopping, budgeting, legal responsibilities, etc.). While respecting minority cultural values, rehabilitation, education, and social service personnel should seek to increase an acceptance of majority group cultural values to increase the capacity of minority handicapped persons to function successfully in North American communities.

Implementation Plan:

Priority should be given in program planning and Rehabilitation Act grant programs for projects in the above mentioned areas. A percentage of all research, demonstraton projects, and case services monies should be specified for services to handicapped minorities.

Solutions/Implementations Continued:

2. (F) Because handicapped minorities face double discrimination in seeking employment, the U. S. Civil Rights Commission should develop second level affirmative action programs to bring about increased employment of qualified handicapped minorities.

(NOTE: The above recommendation was approved by a 15 to 12 vote of the delegates attending the session on the topic of the Unique Problems of Handicapped Minorities. The minority felt that because the minority handicapped are covered by the Affirmative Action sections of Federal Civil Rights legislation, the 1973 Rehabilitation Act, this was sufficient unless all handicapped persons were included in Civil Rights and Human Relations Act legislation.

3. (F) (S) Because the non-oral deaf communicate by sign language which is not understood by the hearing majority and requires the necessity of qualified interpreters, the deaf should be regarded as a handicapped minority and should be a vital part of the civil rights movement.

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ISSUE REPORTING FORM

I. CONCERN AREA: SPECIAL TOPIC: UNIQUE PROBLEMS OF HANDICAPPED MINORITIES

ISSUE CODE NO. SPC V-6 PREPARED BY: Carl F. Odhner

State the issue below. (One issue per page)

What systems can be established to insure an on-going evaluation of services to handicapped minorities?

II. PROPOSED SOLUTION(S)

A. Instructions:

1. Indicate primary level of effect by placing (F) federal, (S) state, (L) local, (P) private, before stating solution.
2. Solution(s) Statement: State the proposed solution(s) succinctly but fully in the space provided below. If more than one solution is included number each consecutively.
3. Implementation Statement: State the proposed matter for implementing each of the proposed solutions after the solution statement.
4. Use additional blank sheets as required. Number each additional page and attach.

B. Results:

1. (F) (S) Advisory and Review Committees should be established to regularly review the effectiveness of public programs, such as state VR agencies, MH/MR Programs, Drug/Alcohol Treatment and Rehab Programs, CETA Prime Sponsors, etc. in serving handicapped minorities. An advocacy structure should be established within these committees to stimulate more effective programming for handicapped minorities. Minority handicapped persons should hold majority membership on such committees.

Implementation Plan:

Minority group organizations such as, but not limited to, NAACP, CORE, etc. and consumer and advocacy organizations should work together to implement this recommendation at all levels.

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ISSUE REPORTING FORM

I. CONCERN AREA: SPECIAL TOPIC: UNIQUE PROBLEMS OF DISABLED VETERANS
SECONDARY
ISSUE CODE NO. SPC VI-1 PREPARED BY: Carl F. Odhner

State the issue below. (One issue per page)

What methods can be established within the Veterans Administration to insure ongoing evaluation of services?

I. PROPOSED SOLUTION(S)

A. Instructions:

1. Indicate primary level of effect by placing (F) federal, (S) state, (L) local, (P) private, before stating solution.
2. Solution(s) Statement: State the proposed solution(s) succinctly but fully in the space provided below. If more than one solution is included number each consecutively.
3. Implementation Statement: State the proposed matter for implementing each of the proposed solutions after the solution statement.
4. Use additional blank sheets as required. Number each additional page and attach.

B. Results:

1. (F) Standardized Evaluation procedures based upon some of the program accountability models developed within various VA Regions should be developed with emphasis upon self-monitoring by the Regions. Disabled veterans should be included in the development of such procedures and should have input into the monitoring process itself.

Implementation Plan:

This recommendation should become a priority goal of the new Administration.

Commonwealth of Pennsylvania
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ISSUE REPORTING FORM

I. CONCERN AREA: SPECIAL TOPIC: UNIQUE PROBLEMS OF DISABLED VETERMANS

ISSUE CODE NO. SPC VI-2 PREPARED BY: Carl F. Odhner

State the issue below. (One issue per page)

What measures must be taken to insure that proximity, need and quality of medical services for veterans match those of the private sector?

II. PROPOSED SOLUTION(S)

A. Instructions:

1. Indicate primary level of effect by placing (F) federal, (S) state, (L) local, (P) private, before stating solution.
2. Solution(s) Statement: State the proposed solution(s) succinctly but fully in the space provided below. If more than one solution is included number each consecutively.
3. Implementation Statement: State the proposed matter for implementing each of the proposed solutions after the solution statement.
4. Use additional blank sheets as required. Number each additional page and attach.

B. Results:

1. (F) Hospitals, clinics and related medical services for disabled veterans should be adequately staffed with sufficient professionally qualified physicians and other personnel to effectively meet the needs of the veterans in all regions of service.

Implementation Plan:

There should be rebudgeting of VA funds to provide monies for improved medical services, attraction of qualified professional personnel and up-grading of staff standards.

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ISSUE REPORTING FORM

I. CONCERN AREA: SPECIAL TOPIC: UNIQUE PROBLEMS OF DISABLED VETERANS
SECONDARY
ISSUE CODE NO. SPC VI-3 PREPARED BY: _____

State the issue below. (One issue per page)

How can job placement of disabled veterans be improved and integrated into existing job placement systems?

II. PROPOSED SOLUTION(S)

A. Instructions:

1. Indicate primary level of effect by placing (F) federal, (S) state, (L) local, (P) private, before stating solution.
2. Solution(s) Statement: State the proposed solution(s) succinctly but fully in the space provided below. If more than one solution is included number each consecutively.
3. Implementation Statement: State the proposed matter for implementing each of the proposed solutions after the solution statement.
4. Use additional blank sheets as required. Number each additional page and attach.

B. Results:

1. (F) Disabled veterans should be given the option of remaining in the armed services and then trained to perform jobs for which they are capable such as technicians, clerks, instructors, etc. By disallowing the disabled and those with handicapping conditions not related to military service to serve within positions in the armed forces the United States Government is denying the basic civil rights of the handicapped it is supposed to be protecting, and therefore it creates a disincentive for the veteran to work.

Implementation Plan:

There should be research conducted jointly by the Defense Department, Rehabilitation Services Administration, NIH, VA, etc. to determine jobs that could be effectively performed by the disabled and handicapped in the armed services.

2. (F) (S) Affirmative Action and Veterans Preference legislation already existing to stimulate the employment of disabled veterans should be stringently enforced.

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ISSUE REPORTING FORM

I. CONCERN AREA: SPECIAL TOPIC: UNIQUE PROBLEMS OF DISABLED VETERANS
PRIMARY

ISSUE CODE NO. SPC VI-9 PREPARED BY: Carl F. Odhner

State the issue below. (One issue per page)

How can the Veterans Administration improve coordination of research with other public and private endeavors?

II. PROPOSED SOLUTION(S)

A. Instructions:

1. Indicate primary level of effect by placing (F) federal, (S) state, (L) local, (P) private, before stating solution.
2. Solution(s) Statement: State the proposed solution(s) succinctly but fully in the space provided below. If more than one solution is included number each consecutively.
3. Implementation Statement: State the proposed matter for implementing each of the proposed solutions after the solution statement.
4. Use additional blank sheets as required. Number each additional page and attach.

B. Results:

1. (F) Veterans Administration research programs should be significantly reduced as there are other sources of funding applicable to the disabled veteran research such as the Rehabilitation Act, National Institute of Health, National Institute of Mental Health, and research supported by private foundations and organizations. Present VA funds budgeted for research should be reallocated to upgrade and improve the quality of services to disabled veterans.

Implementation Plan:

The President, Congress and Veterans Administration upon urgent advocacy by the Disabled American Veterans, VFW and American Legion should seek a reordering of VA program priorities to assure adequate funds to assure the goal of the highest quality of medical care and related services to disabled veterans.

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ISSUE REPORTING FORM

I. CONCERN AREA: SPECIAL TOPIC: UNIQUE PROBLEMS OF THE HANDICAPPED AGING

ISSUE CODE NO. SPC VII-3 PREPARED BY: Carl F. Odhner

State the issue below. (One issue per page)

What kind of a special income maintenance could be provided for those individuals who are both aged and handicapped?

II. PROPOSED SOLUTION(S)

A. Instructions:

1. Indicate primary level of effect by placing (F) federal, (S) state, (L) local, (P) private, before stating solution.
2. Solution(s) Statement: State the proposed solution(s) succinctly but fully in the space provided below. If more than one solution is included number each consecutively.
3. Implementation Statement: State the proposed matter for implementing each of the proposed solutions after the solution statement.
4. Use additional blank sheets as required. Number each additional page and attach.

B. Results:

1. (F) (S) (L) It is recommended that the special needs of elderly handicapped persons be considered when determining their eligibility for all Federal, State, and Local financial benefits. As an example, Supplemental Security Income should allow equitable exemption of an individual's assets when determining the eligibility of elderly impaired clients. The waiting periods for receipt of all income benefits should not exceed ten working days after eligibility is established.

Implementation Plan:

- (a) There should be revisions in SSI, state welfare, and other relevant regulations.
 - (b) This recommendation should be forwarded to the Office for the Aging.
2. (F) There should be a National Comprehensive Health Plan for all citizens over 60 and handicapped citizens of all ages. This program shall allow vendor payment for specialized needs of the handicapped aged, incorporating but not limited to the following: assistive and communication devices; independent living resources such as attendants, companions to enable living in one's own home; other appliances prescribed by physicians and other rehabilitation specialists; etc.

Implementation Plan: (Continued)

- (a) The issue and its recommendations should be forwarded to all advocacy and consumer organizations for the aged and the handicapped in order to generate support for the development and enacting of appropriate legislation.
- (b) Appropriate Legislation

ISSUE REPORTING FORM

I. CONCERN AREA: SPECIAL TOPIC: UNIQUE PROBLEMS OF THE HANDICAPPED AGING
ISSUE CODE NO. SPC-VII-8 PREPARED BY: Carl F. Odhner

State the issue below. (One issue per page)

In what ways can we make the public aware that there are special needs of the handicapped aged that are different from those aged individuals who are able-bodied?

II. PROPOSED SOLUTION(S)

A. Instructions:

1. Indicate primary level of effect by placing (F) federal, (S) state, (L) local, (P) private, before stating solution.
2. Solution(s) Statement: State the proposed solution(s) succinctly but fully in the space provided below. If more than one solution is included number each consecutively.
3. Implementation Statement: State the proposed matter for implementing each of the proposed solutions after the solution statement.
4. Use additional blank sheets as required. Number each additional page and attach.

B. Results:

1. (F) (S) (L) It is recommended that an "AWARENESS MONTH" be proclaimed by the President of the United States as an annual event, receive full support by all State Governors; be financed by the federal government, focusing on the needs of the handicapped with a portion devoted to the special needs of the handicapped aged.

Implementation Plan:

- (a) The President of the United States shall designate an "AWARENESS MONTH" and shall direct Governors of all the States to increase greater public awareness of the needs of handicapped Americans.
 - (b) Local groups shall be enabled to implement all necessary activities essential to increase public understanding of unmet needs, their incidence and consequences to individuals, family and society and solutions available.
 - (c) All public and private agencies shall be mandated to cooperate to achieve the most effective impact through mutually supportive efforts.
2. (S) (P) Educational institutions should train manpower resources to serve the special needs of the handicapped aged and that these institutions be required (1) to develop relevant curricula and field work training; (2) to insure appropriate distribution of their graduates in underserved areas; (3) to insure quality standards of care to the handicapped aged receiving services in their homes and/or institutional settings.

No Implementation Plan was offered.

Commonwealth of Pennsylvania
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ISSUE REPORTING FORM

CONCERN AREA: SPECIAL TOPIC: UNIQUE PROBLEMS OF THE HANDICAPPED AGING

New
ISSUE CODE NO. SPC-VII(PA) PREPARED BY: Carl F. Odhner

State the issue below. (One issue per page)

"How can safety and protective services be implemented and provided for all handicapped aged persons?"

PROPOSED SOLUTION(S)

A. Instructions:

1. Indicate primary level of effect by placing (F) federal, (S) state, (L) local, (P) private, before stating solution.
2. Solution(s) Statement: State the proposed solution(s) succinctly but fully in the space provided below. If more than one solution is included number each consecutively.
3. Implementation Statement: State the proposed matter for implementing each of the proposed solutions after the solution statement.
4. Use additional blank sheets as required. Number each additional page and attach.

B. Results:

(F) (S) It is recommended that safety and protective services for all handicapped aged persons be implemented and provided including the following:

1. "Hear and Ear" dogs for the deaf and deaf blind shall be available for the elderly who have hearing and visual impairments as part of Federal, State and Local public assistance programs as part of their special needs categories.
2. Battery operated devices for use in the home and/or on the street that will assist the handicapped aged in threatening situations. Such beeper devices will alert others to the threat being experienced and should be furnished by Federal, State and Local public assistance agencies as part of their special needs provisions.
3. Personal escort services shall be provided for elderly persons with visual and hearing impairments, through Federal, State, and Local public assistance agencies as part of their specialized transportation needs, thus insuring access to medical care, employment, education and socialization.

Implementation Plan:

- (a) Enabling legislation at Federal and/or State levels.

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